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PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 48

ADVISORY BOARD ON RADIATION AND WORKER HEALTH

*VOL. I*

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Meeting of the Advisory Board on Radiation and  
Worker Health held at the Red Lion Richland Hanford  
House, Richland, Washington, on July 17, 2007.

*STEVEN RAY GREEN AND ASSOCIATES  
NATIONALLY CERTIFIED COURT REPORTING  
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C O N T E N T S

July 17, 2007

WELCOME AND OPENING COMMENTS DR. PAUL ZIEMER, CHAIR	8
NIOSH PROGRAM UPDATE MR. LARRY ELLIOTT, NIOSH, OCAS	11
DOL PROGRAM UPDATE MS. CHRISTIE LONG, DOL	36
WORKING GROUP REPORTS WORKING GROUP CHAIRS	48
SUBCOMMITTEE REPORT MR. MARK GRIFFON, CHAIR	66
UPDATE ON SEC PETITIONS	94
PUBLIC COMMENT DR. PAUL ZIEMER, CHAIR	111
COURT REPORTER'S CERTIFICATE	180

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-- "\*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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JULY 17, 2007

1:00 p.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

DR. ZIEMER: Good afternoon, everyone. I'm going to call the meeting to order. This is the 48th meeting of the Advisory Board on Radiation and Worker Health, meeting in Richland, Washington. We're pleased to be back in the Hanford area and the opportunity to renew acquaintances with some of the folks that we've come across in this area in previous visits.

I'd like for the record to show that two of our Board members are not with us physically. That is Dr. Gen Roessler and Brad Clawson. I understand Gen Roessler is on the line, is -- Gen, are you there?

DR. ROESSLER: I am here. Can you hear me?

DR. ZIEMER: We can hear you. Thank you. And Brad Clawson, Brad, are you on the line?

(No response)

Apparently not at the moment.

MS. MUNN: He's not going to be able to --

DR. ZIEMER: He may not be able to. Dr. Melius, my understanding is, will be joining

1           us. I believe his plane just gets in about  
2           midday, so he shall be here, we -- we believe  
3           fairly soon.

4           Today our Designated Federal Official sitting  
5           in for Dr. Lew Wade is Chia-Chia Chang, and  
6           Chia-Chia, do you have any opening comments for  
7           the assembly at all?

8           **MS. CHANG:** Dr. Wade regrets not being able to  
9           make it because of a scheduling conflict, and I  
10          of course also thank the Board members and  
11          bring along greetings from Dr. Howard and the  
12          Secretary.

13          **DR. ZIEMER:** Thank you very much. For those of  
14          you who may be visiting with us, as opposed to  
15          some of the government staff people, there are  
16          copies of the agenda -- as well as many of the  
17          handouts that will be being considered this  
18          week -- on the table in the back. Please feel  
19          free to take those.

20          Also there are copies of the CD-DVDs that are  
21          recently released, almost a best-seller now,  
22          released by NIOSH giving a capsule summary of  
23          the operation of this program, and I think many  
24          of you will find that to be very helpful as  
25          well. Please help yourself to those copies as

1           you may see fit.

2           We have two public comment sessions scheduled  
3           for this meeting. One is later this afternoon  
4           at 5:00 o'clock. And then a second one is  
5           tomorrow evening at 7:30. Those of you --  
6           members of the public -- who may wish to  
7           participate, there's a sign-up sheet in the  
8           entryway, so we would be pleased to have you  
9           sign up if you wish to make public comment at  
10          either of those times.

11          We're going to then proceed with the agenda as  
12          it's given. Our opening afternoon here we have  
13          a number of program updates. We're going to  
14          begin with an update from NIOSH, and Larry  
15          Elliott will present that update for NIOSH --  
16          oh, a question first.

17          **MR. PRESLEY:** Before we go on, whoever's doing  
18          the talking on the telephone, can we get them  
19          muted?

20          **UNIDENTIFIED:** (Unintelligible)

21          **MR. PRESLEY:** Oh, okay, I thought it was coming  
22          out --

23          **DR. ZIEMER:** There -- there isn't anything in  
24          this room next door. I think it's coming from  
25          behind, and I'm wondering if it's a radio

1            somewhere in the hotel. Maybe we can check  
2            with the hotel staff and see if they can mute  
3            that sort of background noise. Thank you.  
4            Larry Elliott.

5            **NIOSH PROGRAM UPDATE**

6            **MR. ELLIOTT:** Thank you, Dr. Ziemer. Good  
7            afternoon, members of the Board and members of  
8            the public and colleagues. I'm pleased to be  
9            before you again to present the NIOSH dose  
10           reconstruction program statistics and where we  
11           are at at this point in time in the -- in the  
12           whole project.

13           As you can see from this first slide, there  
14           have been 24,481 cases that have been referred  
15           to NIOSH from the Department of Labor for dose  
16           reconstruction. These numbers are as of July  
17           10th of this year. Of those close to 24,000  
18           cases, we have completed 79 percent of those  
19           that have required dose reconstruction. And I  
20           break down for you in sub-bullets here that 79  
21           percent, or 19,340 claims, that have been  
22           treated in some way, shape or form. There have  
23           been 17,371 that have been returned to the  
24           Department of Labor with a dose reconstruction  
25           report. There have been 614 claims that have

1           been pulled by the Department of Labor because  
2           they were inadvertently sent to us for dose  
3           reconstruction and they didn't require it. And  
4           then there are 1,355 claims that have been  
5           pulled and identified as potentially eligible,  
6           or eligible, for the SEC classes that have been  
7           put into place.

8           Twenty percent of the cases at NIOSH for dose  
9           reconstruction remain open and active in some  
10          state, and 246, or one percent of the total  
11          cases, have a -- have been currently  
12          administratively closed. And if members of the  
13          public don't understand what that means, once  
14          we have completed a dose reconstruction report  
15          we provide it to the claimant and ask for them  
16          to review it and to sign what is called an  
17          OCAS-1 form indicating that they have no  
18          further information to provide and we can move  
19          the claim on to the Department of Labor for a  
20          decision. If they don't respond to us with  
21          that OCAS-1 form in a specified amount of time,  
22          then we will administratively close the dose  
23          reconstruction.

24          It can be reopened at any point in time when a  
25          claimant so indicates they'd like the claim

1 moved on to DOL for decision, or they indicate  
2 they have new information for us to consider,  
3 and we will do that.

4 This is a graphic depicting those same numbers  
5 that -- that I presented earlier on the  
6 previous slide, just a pie chart to show how  
7 they're distributed across those categories.  
8 Of the 17,371 dose reconstructions that we sent  
9 back to DOL for a decision, we find in our  
10 files that 29 percent, or 5,074 cases, had a  
11 probability of causation greater than 50  
12 percent, or would be found to be compensable by  
13 the Department of Labor. Seventy-one percent,  
14 conversely -- or 12,297 claims -- were found to  
15 be non-compensable.

16 I presented some of these kind of graphics at  
17 your first -- your meeting in May in Denver,  
18 and this is just a -- I don't have others that  
19 are site-specific as I presented in May. This  
20 is just the distribution of probability of  
21 causation in deciles up to the 50 percent  
22 level, and showing how many are greater than 50  
23 percent, 6,348, as compared to those that are  
24 distributed across zero to 49 percent POC.  
25 Of the 4,895 claims remaining at NIOSH for dose

1 reconstruction, we show 1,646 that are  
2 currently assigned to a health physicist for  
3 dose reconstruction. That leaves 692 claims  
4 that we've already provided a draft dose  
5 reconstruction to the claimant and we are  
6 awaiting an OCAS-1 form, and there are 2,557  
7 cases that are not assigned to a health  
8 physicist for dose reconstruction.

9 As you know, we are monitoring our progress on  
10 completing the oldest claims and there's a  
11 bullet on this slide that speaks to the fact  
12 that 53 percent, or 2,589 cases, of the total  
13 4,895 are older than one year old.

14 Again looking at the first 5,000 claims that we  
15 have been assigned to reconstruct dose for, in  
16 monitoring our strategic goal to complete those  
17 first 5,000 we show that 4,192 claims have been  
18 completed with reports provided to the  
19 Department of Labor for decision. There have  
20 been 57 out of this first 5,000 that have been  
21 administratively closed in dose reconstruction;  
22 245 of the first 5,000 were pulled by  
23 Department of Labor from our dose  
24 reconstruction effort; 166 out of the first  
25 5,000 have been identified as SEC claims; 24 of

1           this first 5,000 claims are -- show to be a  
2           draft dose reconstruction with the claimant and  
3           awaiting the OCAS-1; and then 250 of the first  
4           5,000 claims are back in our hands from DOL for  
5           some type of rework.    The important number  
6           here at the bottom of the slide is 66.   That's  
7           66 claims that have not had at least a draft  
8           dose reconstruction or have not been identified  
9           for an SEC class.   And so out of the first  
10          5,000, we're closely and diligently working  
11          with these 66 claims trying to get them  
12          completed.

13         What I -- I can say a few more things about the  
14         66.   There are 25 claims in this 66 that are  
15         NUMEC claims, and we have a NUMEC petition in  
16         front of us.   And so once we have resolved our  
17         evaluation of that petition, we hope that these  
18         25 NUMEC claims will be addressed very rapidly.  
19         That's the largest category within the 66.   It  
20         breaks down ten claims to W. R. Grace, another  
21         six claims to Combustion Engineering, then all  
22         the rest of the 60-- the remaining, whatever  
23         that is, are represented by numerous sites with  
24         four or less claims.

25         I've shown this graphic many times.   We've kind

1 of reworked it a little bit for your -- for  
2 your edification and I hope continued pleasure.  
3 What I would point out for you in this slide is  
4 that we have broken out all of the claims by  
5 their tracking number in 1,000 increments. And  
6 again, you can see what's going on with the  
7 first 5,000, but this slide also gives you a  
8 sense of what's going on with all the claims in  
9 our population. I'd point out for you that  
10 these three bars here, cases -- or two bars,  
11 cases pulled and cases completed, are the work  
12 that we feel we would lay claim to having all  
13 done. These other ca-- bars, cases active,  
14 cases pending and cases administratively  
15 closed, and SEC cases, there may be some other  
16 action going on with those. But you can read  
17 from this graphic that we have not  
18 inadvertently handled the later claims that  
19 have been submitted to us in a different  
20 fashion than trying to work off the older  
21 claims.

22 Again a graphic that you've seen many times  
23 over. We're now down into providing you with a  
24 breakdown on the -- on the axis here of -- of  
25 quarters that represent two quarters in each

1           datapoint. And the point -- the thing I'd  
2           point out for you here in this graph of the  
3           cases that we have received from the Department  
4           of Labor in blue, we've seen a trend up lately,  
5           in the last quarter and a half, of new claims  
6           coming in. And this has been working against  
7           what has gone on with our reduction in -- in  
8           resources, our constrained resources over the  
9           last few -- month and a half here, two months,  
10          where we've had to curtail some of our efforts  
11          because we were short-funded. And so this is  
12          of major concern to me, as well as I'm sure the  
13          claimants, to watch another backlog start to  
14          get built here. We anticipate that our fiscal  
15          year funding will come forward in October with  
16          the new fiscal year, and we'll be back up to  
17          speed. We have received -- since we met last  
18          we have received notice from the Department of  
19          Labor that they're going to send us another \$2  
20          million, and the Centers for Disease Control  
21          are going to return \$1 and a half million to  
22          us, and then I was able to -- through adjusting  
23          of commitments and obligations under current  
24          contracts, to garner another half a million, so  
25          we're going to put another \$4 million on top of

1           this next couple months to get ORAU -- to  
2           enable ORAU to -- to work as best they can with  
3           that additional set of monies. New fiscal year  
4           starts October 1 and we'll be back up to speed  
5           at that time.

6           This slide graphic on reworks shows that we  
7           have received from the Department of Labor  
8           3,539 claims for rework. And I'd remind the  
9           Board that many of these -- the majority of  
10          these claims that we're asked to rework deal  
11          with new information, demographic information  
12          about the claim -- another cancer, another  
13          additional employment period or something has  
14          gone on in that way -- or a new survivor has  
15          been established and we have to provide a  
16          rework.

17          The spike that you see in the third quarter of  
18          '07, this 1,130 claims, this is due primarily  
19          to the PERs that we're talking about of late,  
20          and especially the super S PER. That touched a  
21          large number of claims across many sites, and  
22          so Department of Labor has sent that many back  
23          to us in that particular quarter.

24          As you know, we turn to the Department of  
25          Energy and request information on exposure for

1           these claims, and we have a very good response  
2           rate right now with the Department of Energy.  
3           The number of outstanding requests -- that's  
4           what we track, how many requests do we have out  
5           there, and we follow up on these outstanding  
6           requests every 30 days -- and you see 479 as of  
7           July 10th were in Department of Energy's hands  
8           to respond to us. Of those 479, there are 91  
9           that are greater than 60 days old, and we're  
10          monitoring the progress on responding to those  
11          very closely.

12         Oops, I'm sorry. I went too far.

13         With regard to our Technical Basis Documents,  
14         Technical Information Bulletins, I just wanted  
15         to briefly touch upon where we stand with a  
16         number of AWE sites that we'd asked Battelle to  
17         work up Technical Basis Documents for. As you  
18         -- as you might recall, they produced for us  
19         two Technical Basis Documents, a uranium metal  
20         TBD and a uranium refining TBD. And then that  
21         -- those noted that there would be an  
22         appendices required for certain sites where  
23         additional unique exposure scenarios existed,  
24         and you see eight of those TBDs are approved  
25         now -- appendices are approved for these TBDs,

1           and they're listed here. I won't read them,  
2           but you can look at these on our web site if  
3           you're so interested in these particular  
4           appendices.

5           There are eight other appendices for these  
6           Technical Basis Documents on AWEs that are  
7           currently in review, and they're listed here,  
8           and we hope to see them resolved in the review  
9           process very shortly.

10          I might note that the largest number of claims  
11          associated in this set of eight AWEs are found  
12          in Electro Metallurgical Company, 73 claims.  
13          The rest are much smaller numbers.

14          I mentioned briefly the Program Evaluation  
15          Reports. We've completed 11 of these so far.  
16          They are all on our web site and I encourage  
17          the Board and the members of the public to read  
18          them and read them very closely, because from  
19          them you can understand how we go about doing a  
20          screening process to determine if a claim might  
21          be affected. And if a claim is not affected,  
22          then it wouldn't be picked up and re-evaluated.  
23          But affected -- potentially affected claims are  
24          -- are re-examined against a particular change  
25          that has been made in one of these Program

1           Evaluation Reviews.

2           So we've completed the Hanford bias factor.

3           We've completed misinterpreted dosimetry

4           records resulting in an underestimate of missed

5           dose at the Savannah River Site. We've

6           completed the error in surrogate organ

7           assignment resulting in an underestimate of X-

8           ray dose at the Savannah River Site. We've

9           completed the review of photofluorography at

10          Pinellas. We've completed the external

11          dosimetry target organ for prostate cancer --

12          oops, I need to move on for you -- and the

13          evaluation of the effect of Revision 2 of the

14          Bethlehem Steel site profile. And also

15          completed the effect of adding ingestion

16          intakes to Bethlehem Steel cases.

17          As far as these last two bullets go, I know

18          that Bethlehem Steel is on your agenda, and

19          again I'll relate to you what the outcome of

20          that Program Evaluation Review was. There are

21          two cases that will go over the 50 percent bar

22          after having been examined against these

23          changes. There's possibly a third claim that

24          may go over that 50 percent probability of

25          causation bar; it'll depend upon how Labor

1 handles that claim in the appeal process. And  
2 there were seven claims that will drop below  
3 the 50 percent bar based upon the changes made  
4 to the Bethlehem Steel documents. We report  
5 these to the Department of Labor and Department  
6 of Labor decides how to handle these claims  
7 that have been already compensated and -- and  
8 are now found by dose reconstruction, based  
9 upon the changes that were made to the  
10 Bethlehem Steel TBD, were found to be non-  
11 compensable.

12 We've also completed a Program Evaluation  
13 Report for target organ issues around lymphoma.  
14 We've completed one for the -- our modification  
15 of the NIOSH-IREP lung cancer risk model.  
16 We've completed the effect of the Rocky Flats  
17 Neutron Dose Reconstruction Project data, and  
18 also a Program Evaluation Review on the effect  
19 of additional neutron dose data at the Savannah  
20 River Site.

21 There have been six Program Evaluation Plans  
22 that have been issued, and we have told you  
23 that -- in the past that we thought the  
24 preparation of these plans would enable us to  
25 move quicker and farther and faster on these

1           PERs -- I'm sorry, I'm not keeping up with the  
2           slides; thank you, Board member Presley -- and  
3           as we have worked through the Program  
4           Evaluation Reviews and started working on these  
5           Program Evaluation Plans and -- and coordinate  
6           our efforts with DOL, we've come to realize  
7           that a plan is not going to suffice. We're  
8           going to have to put together Program  
9           Evaluation Reviews in a timely manner and put  
10          them out there. We can't just put a plan out  
11          and -- and let that stand there as we are doing  
12          this work. It just hasn't worked out. But  
13          we're monitoring the progress on these -- these  
14          six Program Evaluation Plans and we'll come out  
15          with a Program Evaluation Report at their  
16          conclusion. You won't see any more plans from  
17          us, but you will see in the future additional  
18          Program Evaluation Reviews.

19          I'd like to go through a series of achievements  
20          that we feel we've made at NIOSH in the  
21          program, and these are very general and broad-  
22          scoping achievements. We have completed nearly  
23          80 percent of all dose reconstructions. I know  
24          the first slide that I showed you said 79, but  
25          if we add in the -- the draft dose

1           reconstructions that are awaiting the OCAS-1,  
2           it's 82 percent. But nearly 80 percent of all  
3           dose reconstructions that have been forwarded  
4           to us have been completed.

5           The -- we -- we work against strategic goals in  
6           our project plan at NIOSH in OCAS, and our  
7           first strategic goal was to look at the -- how  
8           well we're doing against the first 5,000 claims  
9           and trying to complete those. I've reported  
10          that -- where we're at on that to you.

11          The second strategic goal that we set for  
12          ourselves was to achieve what we call steady  
13          state, and we defined that as having no claim  
14          in our system older than one year. And you see  
15          here there are now 2,306 active claims that are  
16          less than a year old out of that 4,000 number I  
17          gave you earlier, or 47 percent of that number.  
18          I think what's important to note here is that  
19          44 percent of that -- of that total active  
20          claims are six months or younger.

21          If we look at our efforts across the sites, the  
22          covered facilities, there are -- for your  
23          information, there are 316 covered facilities  
24          as of today. This number changes somewhat. It  
25          fluctuates. It was 319, I think -- or 318, and

1 DOE has dropped a few sites from the covered  
2 list just recently. But if we look at those,  
3 we only have claims that -- that come from 208  
4 of these sites. And of 171 of those sites, you  
5 see that the -- the breakdown here where it's  
6 reported that 25 sites have 100 percent of the  
7 DRs completed. In other words, we have no open  
8 -- active claim for those 25 sites. We have  
9 completed every dose reconstruction for which -  
10 - claim given to us under that site.

11 Forty-three sites have between 80 and 99  
12 percent of the DRs completed, or 20 -- that's  
13 25 percent of the 171. Forty-nine sites have  
14 shown to be a situation where 50 to 79 percent  
15 of the claims have been reconstructed. And  
16 together those numbers equate to 69 percent of  
17 the total 171.

18 There are 35 sites where -- and are -- there  
19 are 35 sites where 20 to 49 percent of the DRs  
20 are completed; and 19 sites where less than 20  
21 percent -- or 11 percent of the total -- are  
22 not completed.

23 Only 37 sites remain with at least one claim at  
24 NIOSH and no DR completed. This represents 148  
25 active claims, or .03 percent of active claims.

1           We've reviewed 93 SEC petitions that have been  
2           sent to us.

3           We have added 17 classes representing 14  
4           facilities.

5           The Conflict or Bias Policy has been revised  
6           and implemented.

7           We have also revised our acknowledgement packet  
8           -- this is the information that is sent to a  
9           claimant upon our receiving the claim from DOL  
10          the first time, telling the claimant that we  
11          have now -- we are now the holders of their  
12          claim and we're about to start dose  
13          reconstruction. We've changed that  
14          acknowledgement packet. You've helped us with  
15          that, and we appreciate it.

16          We've also, as mentioned earlier, completed a  
17          dose reconstruction video that will, we hope,  
18          inform claimants and can be used in resource  
19          centers and elsewhere to educate people on what  
20          we do.

21          We've implemented and maintained an external  
22          mailing list for the OCAS Web updates, and this  
23          is a constant, constant effort to make sure  
24          that we're reaching all the people that want to  
25          be reached to be notified of our -- of any

1 changes to our web site, any new information  
2 that we load up.

3 We have held five dose reconstruction  
4 workshops, and this is where we invite  
5 organized labor, we -- representatives,  
6 activists, advocates. We've had a few  
7 Congressional staff involved. And we provide  
8 them a dose reconstruction workshop and explain  
9 how we go about doing the business of dose  
10 reconstruction.

11 We've completed a new set of Frequently Asked  
12 Question sheets for the public and have  
13 distributed those.

14 The NIOSH ombudsman has been hired and has been  
15 very active.

16 There have been five Special Exposure Cohort  
17 outreach meetings and six Special Exposure  
18 Cohort worker outreach meetings.

19 There've been 75 worker outreach meetings where  
20 we take a dose reconstruction tool to them and  
21 ask them for their input. I'd note for you at  
22 this time in the presentation that we have  
23 moved the worker outreach program that was  
24 being administered under the ORAU team's effort  
25 through a subcontractor, ATL -- we now have a

1 task directly with ATL and we are dealing with  
2 them on worker outreach directly.  
3 There have been four town hall meetings, and  
4 there's also been four public meetings to  
5 obtain public on the new SEC procedures.  
6 We've had over 4,000 Congressional requests  
7 that we've responded to for information.  
8 We've provided over 100 Congressional briefings  
9 during the life of the program.  
10 And we've had one Congressional delegation come  
11 to Cincinnati and visit us and go through one  
12 of these workshops that I mentioned.  
13 We've had over 9,000 e-mails that have been  
14 received in the OCAS in-box, and we strive to  
15 respond to those e-mails as -- as quickly as we  
16 can.  
17 There have been close to 50,000 phone calls  
18 received by OCAS, and we've also seen our prime  
19 technical support contractor, ORAU, receive and  
20 respond to over 240,000 phone calls.  
21 We have provided support and have participated  
22 to -- at Advisory Board meetings, those 52 that  
23 are reported here include the committee,  
24 subcommittee and teleconference meetings.  
25 And finally, we have participated and supported

1 43 different workgroup meetings.

2 And I'd be happy to take any questions that you  
3 might have.

4 **DR. ZIEMER:** Thank you very much, Larry, for  
5 that concise overview. Let's see who has  
6 questions or comments on this report.  
7 Yeah, Mark.

8 **MR. GRIFFON:** Larry, that -- that one -- I  
9 think you explained it pretty well, but that  
10 one graph with the spike on the reworks, that  
11 was mostly due to super S -- the majority of it  
12 --

13 **MR. ELLIOTT:** The majority of them were super  
14 S-related, yes.

15 **MR. GRIFFON:** And these were cases that -- that  
16 you have self-identified or they were already  
17 through...

18 **MR. ELLIOTT:** The process in the Program  
19 Evaluation Review is to screen all cases and  
20 identify those that are potentially affected,  
21 and we give Department of Labor a list of  
22 those. And then we -- they match that against  
23 what they think would be affected, and then  
24 they send us back those claims. That's how  
25 that's working.

1           **MR. GRIFFON:** Is there -- is there another big  
2 item that affected that spike, or super S was  
3 the only one really --

4           **MR. ELLIOTT:** Super S was overwhelming. There  
5 are a few other PERs in this, but not to the  
6 degree that super S contributes.

7           **DR. ZIEMER:** Larry, you mentioned a recent sort  
8 of upsurge in cases coming from Labor. Can you  
9 identify the reason for that? Is this an  
10 outcome of the worker outreach meetings or --  
11 suddenly getting more claims in from that, or  
12 do we know?

13          **MR. ELLIOTT:** I can't lay my finger on a  
14 specific reason or cause. We do know that our  
15 friends at DOL are out in -- out and about,  
16 recruiting claims. They're holding town hall  
17 meetings, they're holding meetings that they  
18 call SEM meetings, which are the -- I can't  
19 remember the acronym for SEM, but it -- it goes  
20 to --

21          **UNIDENTIFIED:** (Off microphone) Site exposure.

22          **MR. ELLIOTT:** -- site exposure matrix, yes, for  
23 the -- for the toxic chemicals, and I think  
24 when they interact with people in those  
25 sessions, they -- they are also recruiting

1           claims.

2           I also think we need to take stock -- I don't  
3           know how much this contributes, but we need to  
4           take stock of the fact that there's been these  
5           17 classes added and people start applying  
6           again. Once they see a class, they think well,  
7           okay, maybe now's my time to get my claim in.  
8           And in, you know, many cases, some of those  
9           don't find their way through the presumptive  
10          process and so they come to us for dose  
11          reconstruction as a non-presumptive claim  
12          against that class. I don't know how many we  
13          would look at there, but I think those are the  
14          two contributing factors.

15       **MR. PRESLEY:** Question.

16       **DR. ZIEMER:** Mr. Presley.

17       **MR. PRESLEY:** Larry, you said that there were  
18          seven claims that had --

19       **DR. ZIEMER:** Use the mike.

20       **MR. PRESLEY:** I'm sorry. You said there were  
21          seven claims that we had gone back on the -- I  
22          guess one of these missed dose things that --  
23          that were going to be reviewed. Have -- have -  
24          - have those been paid, this -- those seven  
25          been paid and we have to go back on them, or

1           what...

2           **MR. ELLIOTT:** This -- this -- you're referring  
3           to these last two bullets here about Bethlehem  
4           Steel --

5           **MR. PRESLEY:** Yeah.

6           **MR. ELLIOTT:** -- and I was just pointing out  
7           for the Board -- for its discussion on  
8           Bethlehem Steel later in this meeting that, if  
9           you read this Program Evaluation Review, you  
10          will find that there were some claims -- three  
11          claims potentially that would move over into  
12          the compensable region and seven that would  
13          move out of that region into non-compensable.  
14          I assume that some of those have already been  
15          paid. I have no idea what DOL's going to do  
16          about that and it's not my business, so...

17          **MR. PRESLEY:** Thank you.

18          **DR. ZIEMER:** Josie, you had the same question  
19          then? Yeah, okay.

20          Other questions or comments on the report?

21          Yes, Dr. Lockey.

22          **DR. LOCKEY:** Larry, do you have any -- is there  
23          any relationship to how --

24          **DR. ZIEMER:** Use the mike, Jim.

25          **DR. LOCKEY:** -- how the out-- how the output

1           programs are working? I mean survey your  
2           audience --

3           **MR. ELLIOTT:** You mean the outreach?

4           **DR. LOCKEY:** Yes. Would it be helpful to have  
5           the ombudsman make a presentation at one of our  
6           meetings to bring the Board up to date about  
7           how that program's --

8           **MR. ELLIOTT:** Okay, I hear two questions in  
9           there: How are the outreach meetings; that  
10          takes me to our worker outreach effort. If  
11          you're asking about the SEC ombudsman's efforts  
12          to reach out to people that -- I haven't talked  
13          about that in these slides. I've only talked  
14          about our worker outreach effort for dose  
15          reconstruction/Technical Basis Document  
16          purposes.

17          But -- and I did mention in one of these slides  
18          that the SEC counselor, Laurie, and the SEC  
19          ombudsman have -- have put on the number of  
20          meetings that were in that slide. She could --  
21          you want to talk about your -- Denise is not  
22          here, but Laurie's here. She could talk about  
23          what's happened at these meetings.

24          **MS. BREYER:** We did have -- I think the slide  
25          reported that there've been five SEC outreach

1 meetings. Two of those were formal meetings  
2 that Denise and I put together. One was in  
3 Calabasas, California and one was in Idaho  
4 Falls, and they were people who had reached out  
5 to Denise and asked for more information on how  
6 to file an SEC petition, and so that's how we  
7 chose those locations.

8 And the turnout was small at both of those, but  
9 the information that I believe that people were  
10 able to get at those meetings I think was  
11 outstanding. A lot of people thanked us for  
12 those meetings and came up to us afterwards who  
13 had no idea what a Special Exposure Cohort was  
14 and were able to walk away understanding.

15 And we did receive an actual petition at one of  
16 these meetings where a petitioner handed us one  
17 of their petitions and spoke to at least three  
18 or four other people who were interested in  
19 filing petitions as a result of those meetings.  
20 So I think those are going fabulously.

21 And then Denise and I, on our own, have also  
22 been invited out to different things. Like I  
23 went to a Steelworkers' meeting in DC and  
24 explained the SEC process, and out to Los  
25 Alamos before -- kind of while you all were

1 discussing the Los Alamos petition because  
2 people were interested in filing a follow-up to  
3 that class that was originally petitioned for  
4 in the first Los Alamos petition. And then  
5 Denise has also gone up to NUMEC on her own and  
6 worked with petitioners.

7 So I think that the process is working, you  
8 know, as far as people who are requesting  
9 information and us being able to be available  
10 to provide that to them.

11 Denise and I have also held two conference  
12 calls with people over the phone explaining the  
13 process, so I think that if she were here she  
14 would probably indicate that she thinks that  
15 her job is -- is working, as far as being able  
16 to provide people with information about SEC  
17 processes.

18 **DR. ZIEMER:** Thank you very much. Phil  
19 Schofield.

20 **MR. SCHOFIELD:** Yeah, Laurie, just a little bit  
21 of feedback on your meeting you had in Los  
22 Alamos. Even though it was a small group  
23 attended, I was able to go to this. The  
24 feedback from claimants and people there is  
25 very positive, so I really believe these

1 meetings are worthwhile.

2 **MS. BREYER:** Thank you.

3 **MR. SCHOFIELD:** Thank you all.

4 **DR. ZIEMER:** Thank you, Phil. Other comments  
5 or questions?

6 (No responses)

7 Okay. Thank you again, Larry, very much.

8 **DOL PROGRAM UPDATE**

9 For our next program update on Department of  
10 Labor, we're going to have someone who's  
11 actually new to our podium. It's Christie  
12 Long. Christie is out of the Seattle office of  
13 Department of Labor, and we welcome her to the  
14 podium to give us the DOL -- DOL program  
15 update.

16 **MS. LONG:** Good afternoon, members of the Board  
17 and members of the public. I am here today, as  
18 Mr. Zimmer (sic) -- Dr. Zimmer said, I am in  
19 Seattle. I am the district director in that  
20 office, and I am here representing Pete Turcic  
21 today.

22 I'd like to start with the first chart is our  
23 activities under Part B that was effective in  
24 July, 2001. We have received 57,987 cases, and  
25 of that, 83,727 claimants; 37,538 were for

1 cancer cases and 24,524 cases have been  
2 referred to NIOSH.

3 On the Part E side, it was enacted in October  
4 of '04 and we have 47,349 cases and 64,894  
5 claims. Almost 26,000 cases came to us from  
6 Department of Energy, and that was effective  
7 June, 2005.

8 Our compensation we have paid as of July 10  
9 \$2.7 billion in compensation, \$2 billion for  
10 Part B, \$1.5 billion for cancer and \$242  
11 million for RECA; \$725 million for Part E, and  
12 \$154 million in medical expenses.

13 The next slide talks about our payees, and we  
14 have 31,581; under Part B 25,395 and of those  
15 almost -- well, 10,390 cancer case payees,  
16 4,520 NIOSH case payees and almost 5,000 RECA  
17 payees. Under Part E, 6,186.

18 A case status for the Part B claims, 37,538  
19 cases with 57,226 claims; we have 28,264 cases  
20 that have had a final decision, 2,215 cases  
21 where there's a recommended decision but no  
22 final decision has been issued; 4,330 cases are  
23 currently at NIOSH. And the last bullet, I ask  
24 you to please make a correction. It should  
25 actually read 2,730 cases pending DOL

1           decisions. Initial actions is not correct.  
2           The next slide talks about the final decisions.  
3           And if you look at the bar chart on the left,  
4           it's the final decisions approved. We have  
5           10,634. The bar to the right are final  
6           decisions that were denied, 17,630, and the  
7           breakdown for that: 2,925 were for non-covered  
8           employment; the next bar, 10,782 were because  
9           the probability of causation was less than 50  
10          percent; the next bar is 2,494 for insufficient  
11          medical evidence; the next category, 1,119 for  
12          non-covered; and the last 330 for ineligible  
13          survivors.  
14          The next slide covers NIOSH referrals. We have  
15          made, as of July 10, 24,527 referrals to NIOSH;  
16          18,744 of those have been returned and 1,653  
17          have been withdrawn. We have had 17,091 dose  
18          reconstructions, and we have sent back to NIOSH  
19          1,508 cases where they required a rework; 4,076  
20          initial referrals at NIOSH.  
21          The dose reconstruction case status: 17,236  
22          cases with a dose reconstruction, 15,230 final  
23          decisions, 1,592 recommended decisions but with  
24          no final decision, and 406 that are pending a  
25          recommended decision.

1           On the new SEC-related cases, 1,314 were  
2           withdrawn for SEC review; 958 final decisions,  
3           and of those 891 were approvals and 67 were  
4           denials; 94 recommended decisions with no final  
5           decision and 167 that are pending.

6           NIOSH case-related compensation -- this data is  
7           as of July 5 -- \$811 million in compensation  
8           for 8,242 payees and 5,437 cases; \$675 million  
9           on dose reconstruction cases that affected  
10          6,331 payees and 4,520 cases; and \$136 million  
11          on added SEC cases with 1,911 payees and 917  
12          cases

13          The next slide covers the SEC petition site  
14          discussions, and I'm going to go down by  
15          facility. So starting with Hanford, the number  
16          of cases, 7,634; under E, 10,752. Dose  
17          reconstructions, 2,112; final decisions -- and  
18          this is B only -- 3,030. Part B approvals,  
19          801; Part E approvals, 807, for a total  
20          compensation of \$135 million.

21          Move next to Ames Lab. Cases, we had 283;  
22          under B, 390 under E. Fourteen NIOSH dose  
23          reconstructions, 76 final decisions for Part B.  
24          Part B approvals, 48; Part E approvals, 34, for  
25          a total compensation of \$8 million.

1           The last facility, Blockson Chemical, cases,  
2           200; claims, 307 -- and this is Part B only.  
3           NIOSH dose reconstruction is 105; final  
4           decisions, 176. Approvals, 14; apparently we  
5           don't have the data or there is no data for  
6           Part E approvals, and total compensation is \$1  
7           million.

8           The next three are Chapman Valve, Sandia and  
9           Bethlehem Steel. And starting with Chapman  
10          Valve, 215 cases, 406 claims -- again, this is  
11          the Part B only. NIOSH dose reconstructions,  
12          73; final decisions on the B -- Part B, 175;  
13          Part B approvals, 34; Part E, not applicable;  
14          and total compensation, \$5 million.

15          Sandia, 220 cases, 259 claims, 35 NIOSH dose  
16          reconstructions, 63 final decisions, 14 Part B  
17          approvals, 9 E approvals, and \$1 million in  
18          compensation.

19          And lastly, Bethlehem Steel, 1,341 Part B; Part  
20          E, 2,175 -- I'm sorry, no E, claims. NIOSH  
21          dose reconstructions, 710; final decisions Part  
22          B, 1,244; Part B approvals, 320; again, no Part  
23          E; and total compensation, \$47 million.

24          That concludes my presentation. Do you have  
25          any questions?

1           **DR. ZIEMER:** Okay, thank you very much,  
2           Christie. I'd just remind everyone that  
3           there's always a little discrepancy between the  
4           -- the NIOSH numbers and the DOL numbers,  
5           partially because you're using slightly  
6           different dates, and what goes in and out of  
7           the door varies a little bit from --

8           **MS. LONG:** Correct.

9           **DR. ZIEMER:** -- when you see it and when they  
10          see it.  
11          I was trying to resolve in my mind some of the  
12          numbers on the actual total compensations. For  
13          example, on one slide where you said you paid  
14          out \$811 million on six -- 8,242 payees. And  
15          if -- if I take the simple \$150K times that,  
16          those numbers don't seem to match up. Am I  
17          missing something on that, or can either NIOSH  
18          or DOL explain that to me? Stu is approaching  
19          the mike, so maybe he has the --

20          **MR. HINNEFELD:** There -- there can be multiple  
21          payees on an individual claim.

22          **DR. ZIEMER:** Oh, so that --

23          **MR. HINNEFELD:** So you have multiple survivors.

24          **DR. ZIEMER:** Okay, so --

25          **MR. HINNEFELD:** I think if you --

1           **DR. ZIEMER:** -- the 150 may not be to each of  
2           the persons --

3           **MR. HINNEFELD:** If you -- I think the numbers  
4           work out better if you do that total cost times  
5           the cases rather than the payees.

6           **DR. ZIEMER:** Ah, that -- that would account for  
7           it 'cause it looks like it should be a bigger  
8           number, so that's -- okay. Thank you.

9           Other questions or comments? Yes, Mark.

10          **MR. GRIFFON:** Yeah, just a question on the  
11          reworks. I think you said 1,508 reworks. I'm  
12          trying to compare that to the recent spike on  
13          the NIOSH graph, and I don't think -- I'm --  
14          I'm -- I'm just trying to understand if -- if --  
15          -- if those are the same reworks. Are they --  
16          are they -- a lot of those due to super S?

17          **MS. LONG:** Correct.

18          **MR. GRIFFON:** If so, it looks like if you look  
19          at NIOSH's graph over time, there's a lot more  
20          than 1,500 reworks. There's -- you know, you  
21          have one spike that was 1,300, then you add up  
22          all the others, 100 apiece there.

23          **MR. HINNEFELD:** Well, I suspect there's a  
24          terminology difference here --

25          **MR. GRIFFON:** Yeah, and that's what I'm --

1           **MR. HINNEFELD:** -- and things --

2           **MR. GRIFFON:** -- that's what I'm trying to  
3 understand.

4           **MR. HINNEFELD:** -- things that we call reworks,  
5 DOL doesn't necessarily. Because there are  
6 many things that we call rework that are  
7 reopening, for instance. A case would be done  
8 and new evidence would come to light, and DOL  
9 would call that case a reopening. They all  
10 look the same to us. We call them all DOL  
11 reworks, so I -- I'm really confident that  
12 that's a terminology difference --

13          **MR. GRIFFON:** Okay, okay.

14          **MR. HINNEFELD:** -- and there are a number of  
15 different categories that either fall in or out  
16 of rework, depending on whether you work for  
17 DOL or you work for us.

18          **MR. GRIFFON:** Okay. So what -- what -- I think  
19 we've asked -- asked this of DOL before, but  
20 what -- what is in that category of reworks,  
21 from your standpoint? What kinds of trends,  
22 and I think -- I think we did get at one point  
23 a breakdown by one of the presenters from DOL  
24 of what sort -- is there any trend -- you know,  
25 what -- are you seeing any trends in the types

1 of things that are being sent back to NIOSH to  
2 be reworked?

3 **MS. LONG:** I have not seen a trend.

4 **MR. GRIFFON:** No -- no trend at all, no --

5 **MS. LONG:** No.

6 **MR. GRIFFON:** -- all are very unique cases,  
7 no... I thought at one point we did have a  
8 report that there were some kind of different  
9 categories of things. Anyway...

10 **MR. ELLIOTT:** Well, I think you heard Jeff  
11 Kotsch --

12 **MR. GRIFFON:** Yeah.

13 **MR. ELLIOTT:** -- last time talk to you about  
14 this and indicating that, again, the same as I  
15 had stated earlier, many of these reworks deal  
16 with a change in the demographic information  
17 around the claim -- additional cancer,  
18 additional employment, a new survivor, that  
19 kind of thing. There was -- before the PERs  
20 came on line, there were a small category of  
21 truly technical issues that we were being asked  
22 to rework. Now that we've got this number of  
23 PERs being worked, we're seeing more -- we're  
24 seeing the demographic -- we're seeing the  
25 population of reworks change in that way.

1           **MR. GRIFFON:** Okay. I guess -- I guess I would  
2 ask for -- for the next DOL presentation maybe  
3 to have that same -- I know that Jeff presented  
4 it before, and maybe if you can continually  
5 update us on that breakdown as it evolves, it  
6 might be useful to see.

7           **DR. ZIEMER:** Christie, I want to pose a  
8 question that's basically the same one I asked  
9 Larry, and you may not have an answer for it,  
10 but nonetheless I'll pose it. NIOSH indicated  
11 they've seen a somewhat marked increase in the  
12 number of cases coming over. From Labor's  
13 point of view, can you identify why we are  
14 suddenly seeing more cases again? Do we know  
15 what the -- the reason for this is? Is it --  
16 again, I thought perhaps the outreach meetings  
17 were stimulating more people, but can you put  
18 your finger on anything there?

19           **MS. LONG:** Well, I -- I'm not sure that I can  
20 put my finger on it. I would have to agree  
21 with Larry's assessment that I do think the SEM  
22 round table meetings and the outreach that the  
23 Department's been doing has increased the  
24 effort and has gotten the word out more to the  
25 claimant population. Our Resource Centers are

1           very active getting the word out about our  
2           program, and it's the only thing that I can at  
3           this point attribute that to.

4           **DR. ZIEMER:** Ask for other questions or  
5           comments, Board members? I didn't ask Dr.  
6           Roessler if she had any, or -- Gen, are you  
7           still on the phone?

8           **DR. ROESSLER:** I'm still here.

9           **DR. ZIEMER:** Okay. Well, I assume if you have  
10          a question, you'll pipe up.

11          **DR. ROESSLER:** I will.

12          **DR. ZIEMER:** Thank you. Mark?

13          **MR. GRIFFON:** Just a follow-up to -- to Paul's  
14          question. I wonder if -- you -- you probably  
15          don't have this available now, but it might be  
16          interesting to look at those cases and whether  
17          they actually trended with those outreach  
18          sessions that you did, if you got an up-tick in  
19          the Idaho ones and -- you know, did they  
20          correspond to those meetings that you recently  
21          had, that might be interesting to see. It  
22          shouldn't take long to kind of -- do that kind  
23          of assessment.

24          **MR. ELLIOTT:** That would be interesting to do,  
25          but it's -- it wouldn't be fruitful at this

1           time to do it because it typically takes -- I  
2           don't know, Christie can speak to this better  
3           than I -- there's an average time that they  
4           know of that it takes to develop a claim before  
5           it's sent to us. And it's -- it's longer than  
6           the time frame that -- that we see from when we  
7           did these outreach efforts, if you're talking  
8           our -- our SEC outreach efforts, our worker --  
9           so -- but it's something to -- it's a good  
10          comment, something to look into.

11         **DR. ZIEMER:** That -- that's right, a claim  
12         coming in now would have perhaps been  
13         initiated, as far as gathering information,  
14         quite some number of months ago 'cause you  
15         don't get it until --

16         **MR. ELLIOTT:** We don't -- we don't get it until  
17         --

18         **DR. ZIEMER:** -- the medical information's in,  
19         the --

20         **MR. ELLIOTT:** Right.

21         **MS. LONG:** Correct.

22         **MR. ELLIOTT:** Employment history's verified.

23         **DR. ZIEMER:** -- employment history's verified,  
24         so that --

25         **MR. ELLIOTT:** That's correct.

1                   **DR. ZIEMER:**   -- could be an extended period of  
2                   time.

3 MR. ELLIOTT: It -- it depends.

4 DR. ZIEMER: So it would be hard to -- to  
5 correlate that directly.

6                   **MR. ELLIOTT:** It can -- I -- correct me if I'm  
7                   wrong, Christie, but it depends upon the  
8                   circumstances of the claim. It can take  
9                   anywhere from a week to process it and make it  
10                  eligible to send to us, it can take months.

11                   **DR. ZIEMER:** Mmm. Thank you. Okay, any other  
12                   comments?

13	(No responses)
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14	Thank you very much.
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15 MS. LONG: Thank you for your time.

16	WORKING GROUP REPORTS
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17           **DR. ZIEMER:** We're a bit ahead of schedule so I  
18           propose that we proceed on some of our working  
19           group reports and just continue till -- till  
20           break time, and at which point we'll take the  
21           break and see where we are.

22 (Pause)

23 We'll -- we'll just go through the list of  
24 working groups and get the reports. I was  
25 checking with Mark Griffon to see whether we

1           had the Subcommittee on Dose Reconstruction  
2           broken out separately; but if we don't, we can  
3           get your report yet today and then go to the  
4           workgroups -- or we can do the workgroups first  
5           and then catch you after the break.

6           One -- before we do the workgroups, I want to  
7           make the Board aware of one minor change in the  
8           alignments of assignments, and that is that  
9           Mike Gibson, who was recently appointed as  
10          chair of the work-- the workgroup -- or the  
11          worker outreach workgroup, workgroup on worker  
12          outreach, was also chairing the Savannah River  
13          workgroup. And in order to spend more time on  
14          the worker outreach program and also to attend  
15          some of those meetings, Mike asked if he could  
16          be relieved of chairing the Savannah River  
17          workgroup, with the understanding he would  
18          remain on the workgroup but not have the  
19          responsibility of the chair. And after  
20          contacting the other members of the workgroup  
21          to see who would volunteer or be available to  
22          do that, I have now appointed Mark Griffon, who  
23          is a member of that workgroup, to serve as  
24          chair. So that change has not been promulgated  
25          on the web site yet. I actually made that

1           appointment just a couple days ago, so it's  
2           very new, but you might make a note in your own  
3           records that Mark will be chairing that  
4           workgroup.

5           Let -- let's go through these workgroups in  
6           order. You may or may not have any -- any  
7           actual changes to report. I have -- I'm -- let  
8           me take them in the order they're on the web  
9           site 'cause I just have to have -- have that  
10          open, so -- and Blockson, we're going to have a  
11          report from Blockson anyway, Wanda -- Wanda  
12          Munn is the chair -- later in the meeting or...  
13          Tho-- those -- those workgroups that will be --  
14          for example, Chapman Valve, that will be --  
15          actually have action items, we can take those  
16          reports at that time. I think -- I think -- I  
17          think Blockson is one of those, so we'll delay  
18          one, likewise Chapman Valve.

19          Conflict of interest policy, Dr. Lockey.

20          **DR. LOCKEY:** Perhaps our legal counsel would  
21          comment on the conflict of interest workgroup.  
22          I -- we're on hold until we get further  
23          clarification about the direction we need to  
24          take on that.

25          **DR. ZIEMER:** Okay, we -- we're awaiting

1 something.

2 **MS. HOWELL:** Right, we're awaiting further  
3 instructions from HHS regarding how we should  
4 proceed with that, but I've spoken with Dr.  
5 Lockey and Dr. Wade and we'll be proceeding  
6 within the next few weeks and certainly have  
7 something more to give you and hopefully some  
8 progress by the October meeting.

9 **DR. ZIEMER:** Okay. Thank you. The Fernald  
10 site profile, the chairman of that is Brad  
11 Clawson, who's not with us today, and other  
12 members of that group -- I -- the group has not  
13 met. They have been receiving some materials  
14 by e-mail that the group has been looking at,  
15 but -- and I'll -- I'll look to Mark and Bob,  
16 but my understanding is that there is no --  
17 there has been no meeting since our last  
18 meeting of this workgroup, and none is  
19 currently scheduled.

20 **MR. PRESLEY:** That's correct, sir.

21 **DR. ZIEMER:** Okay.

22 **MR. PRESLEY:** We're in the process of trying to  
23 set up some working groups on that in  
24 conjunction with one that Wanda's got, one that  
25 I'm trying to get ready for the Test Site, so

1           we're trying to --

2           **DR. ZIEMER:** Trying to find a time --

3           **MR. PRESLEY:** Right.

4           **DR. ZIEMER:** -- to schedule the meeting. Yes,  
5           okay.

6           The Hanford site workgroup, Hanford's on the  
7           agenda so we'll get that report later.

8           Los Alamos is Mark Griffon.

9           **MR. GRIFFON:** Los Alamos workgroup meeting  
10          hasn't met, either. I think one thing we, as  
11          the workgroup, want to und-- want to understand  
12          a little better is where NIOSH stands on the  
13          site profile modifications. I think they -- my  
14          understanding is from '75 on they're -- they're  
15          doing some research and further modifications  
16          and I guess -- we -- we've kind of been on hold  
17          with this and -- and -- and I -- I didn't want  
18          to push for a workgroup meeting until we had  
19          something that SC&A could actually respond to.  
20          And if things are still evolving, I don't think  
21          it's a good time for SC&A to dig in and do a  
22          lot of legwork or -- or for the workgroup to  
23          meet until we know a little better what the  
24          status is on the LANL site profile and the --  
25          maybe Jim...

1           **DR. NETON:** We'd be in a better position to  
2           answer that question tomorrow when Sam --

3           **MR. GRIFFON:** Okay.

4           **DR. NETON:** -- Glover arrives. He's intimately  
5           involved with the site profile revisions, so if  
6           we could defer the answer till tomorrow, that  
7           would be good.

8           **MR. GRIFFON:** Okay. So I think we-- we're  
9           anxious to move it along, but we don't want to  
10          -- we -- we don't want to get ahead of  
11          something that we know is being modified by  
12          NIOSH. It doesn't make a lot of sense to -- to  
13          spend energy now when -- when something's  
14          evolving -- and maybe Joe can help me out here,  
15          too.

16          **MR. FITZGERALD:** Just -- just to clarify --

17          **MR. GRIFFON:** Yeah.

18          **MR. FITZGERALD:** -- I think the -- the question  
19          that we had was the additional work that was  
20          being done on the post-'75 SEC evaluation,  
21          understanding of course that there's further  
22          work that's going to be underway and we had an  
23          action from the workgroup to look at that SEC.  
24          But clearly with the SEC being decided through  
25          '75, the question now is what do we do post-

1           '75, and I think we're in that holding pattern,  
2           seeing perhaps what NIOSH is doing.

3           **DR. ZIEMER:** Okay. John Mauro, did you have an  
4           additional comment on that?

5           **DR. MAURO:** I think we have a recurring theme  
6           of that nature. This is also true for Fernald.  
7           It's also true for Hanford. So what we have,  
8           and -- and -- that -- that's I guess worth --  
9           worthy of keeping note of that, there are a  
10          number of site profile reviews that were in the  
11          closeout process when the SEC stepped in. So I  
12          think that is probably -- has eclipsed, in  
13          effect, the -- the site profile's been more or  
14          less eclipsed by the SEC. And in effect, you  
15          really -- in the process of addressing I would  
16          say the SEC issue, we're also simultaneously of  
17          course addressing many of the site profile  
18          issues.

19          **DR. ZIEMER:** Right. Right. Thank you. The  
20          next one on the list is Linde Ceramics. Dr.  
21          Roessler, do you have anything there to report?

22          **DR. ROESSLER:** Yes, Paul?

23          **DR. ZIEMER:** Yeah.

24          **DR. ROESSLER:** Can you hear me okay?

25          **DR. ZIEMER:** Very well.

1           **DR. ROESSLER:** Oh, good. There's a lot of  
2 noise on the line.

3           The Linde workgroup has not met recently. We  
4 met on March 26th and at that time we turned  
5 over some work to ORAU. We had hoped to have a  
6 response by June 29th. On July 9th I got a  
7 note from Chris Crawford at OCAS saying that  
8 there will be a delay in completing the work --  
9 and this work involved the urinalysis data that  
10 we need for the Linde review. He said when I  
11 have an update, I'll let you know.

12          So that's all I know at this point. I don't  
13 know if anybody's there from ORAU who can give  
14 us any more information.

15          **DR. ZIEMER:** Okay. Well, no, there isn't, but  
16 that -- that's similar to some of the others.  
17 There's pieces of information that we're  
18 awaiting, again, in this particular case before  
19 we can move forward.

20          Nevada Test Site, Robert Presley.

21          **MR. PRESLEY:** I talked to Mark Rollefor-- Mark  
22 Rollefus (sic) week before last, and Mark said  
23 that we are waiting still for some of the  
24 technical data basis documents to be completed  
25 so that we can go back as a working group and

1           make our final decision. The holdup has been  
2           the amount of work that NIOSH has had.  
3           Hopefully we'll have something on this before  
4           our next meeting -- full Board meeting and we  
5           can put it to a vote.

6           **DR. ZIEMER:** Okay, thank you. The workgroup on  
7           procedure reviews headed by Wanda Munn, and  
8           they have had a meeting and another one  
9           planned. Wanda, give us an update.

10          **MS. MUNN:** Yes, we have had -- as most of the  
11          Board members are aware, our workgroup has not  
12          met for almost a year, primarily because there  
13          was so much activity going on with respect to  
14          the material that we needed to cover. A large  
15          number of procedures were in the process of  
16          review and a great many new technical documents  
17          of one sort or another were being generated in  
18          response to some earlier work that had been  
19          done. SC&A, who's done an excellent job in  
20          recent months of pulling together the current  
21          matrix of the procedures that we're going to be  
22          having to address during this second go-round  
23          and during the workgroup meeting, which we had  
24          by teleconference on the 26th of June, we  
25          identified several items that were of major

1 interest to us, one being the lack of clarity  
2 that many of our working group members had with  
3 respect to outstanding issues from the first  
4 batch of procedures we had gone through.

5 Since that time Kathy Behling and other members  
6 of SC&A have provided for us an updated list of  
7 that matrix from the first group of procedures  
8 so that we are very clear on which issues need  
9 to be addressed at our upcoming meeting. And  
10 we have received one piece of information from  
11 our NIOSH components with respect to the second  
12 outstanding item that we had in the current  
13 group of procedures that we have under review.  
14 So we're scheduled for a meeting -- face-to-  
15 face meeting in Cincinnati on the 29th of  
16 August, with the expectation that at that time  
17 NIOSH will have had an opportunity to address  
18 more fully the outstanding issues on matrix  
19 number two. And we anticipate being able to  
20 close out, with any luck at all, virtually all  
21 of the remaining items on number one -- with  
22 luck.

23 **DR. ZIEMER:** Thank you. Our workgroup on Rocky  
24 Flats has been very active over the last couple  
25 of months leading up to our last meeting, and

1           now they're catching their breath. Mark,  
2           anything else that we need to report on --

3           **MR. GRIFFON:** Yeah, no --

4           **DR. ZIEMER:** -- on Rocky?

5           **MR. GRIFFON:** -- no report at this time on  
6           Rocky.

7           **DR. ZIEMER:** Yeah.

8           **DR. MAURO:** Excuse me, Dr. Ziemer, I'm sorry to  
9           interrupt --

10          **DR. ZIEMER:** Yeah --

11          **DR. MAURO:** -- regarding --

12          **DR. ZIEMER:** -- John --

13          **DR. MAURO:** -- regarding the procedures, this  
14          is John Mauro.

15          **DR. ZIEMER:** Yeah.

16          **DR. MAURO:** One -- one of the procedures that  
17          are amongst the set of 45 that we're in the  
18          home stretch of completing, but one very  
19          important one has been delivered and that is  
20          the OTIB-52 procedure regarding construction  
21          workers. So that's a real special one and I  
22          know lots of folks are very interested.

23          **DR. ZIEMER:** Right.

24          **DR. MAURO:** You do have that in front of you.

25          **DR. ZIEMER:** Right. That was just recently

1 distributed, the review of OTIB-51 on -- or is  
2 it 52 -- 52 on the construction workers. Did  
3 all the Board members get that, or just the  
4 workgroup? Everybody got it? Okay, thank you.  
5 Workgroup on SEC issues, and that's a group  
6 that's looking particularly at the 250-day  
7 issue and the interpretation of that. Dr.  
8 Melius is chairing that. I can report to you  
9 that they have not met since our last full  
10 Board meeting, so there's nothing at the moment  
11 to report on that.  
12 Workgroup on SEC petitions that did not qualify  
13 for evaluation. I think Dr. Lockey gave us the  
14 closeout report of that last time.  
15 **DR. LOCKEY:** That's correct.  
16 **DR. ZIEMER:** And so for all practical purposes,  
17 much as we like to keep -- institutionalize  
18 things, that workgroup should disappear from --  
19 or should be shown as workgroup emeritus or  
20 something like that.  
21 **DR. LOCKEY:** It has disappeared.  
22 **DR. ZIEMER:** And then workgroup on worker  
23 outreach, and Mike Gibson.  
24 **MR. GIBSON:** We have not met yet, but hopefully  
25 now that Rocky's done, we can have maybe a

1           teleconference call in the next few weeks and,  
2           before the September meeting, have some of the  
3           workgroup members attend some of these outreach  
4           meetings and have something more to report  
5           then.

6           **DR. ZIEMER:** Okay, thank you. It appears that  
7           I skipped the Savannah River Site, and I  
8           already announced that the leadership of that  
9           has transitioned to Mark, but I think in  
10          Savannah River also there's information being  
11          gathered by -- who's our contact on that, the -  
12          - the --

13          **MS. CHANG:** Sam and Joe.

14          **DR. ZIEMER:** -- Sam and Joe, Joe Fitzgerald,  
15          and either Mark or Joe --

16          **MR. GRIFFON:** Yeah.

17          **DR. ZIEMER:** -- any comments on Savannah River  
18          --

19          **MR. GRIFFON:** I can --

20          **DR. ZIEMER:** -- you...

21          **MR. GRIFFON:** I can give a small -- I mean I  
22          just took this over, and Joe can chime in if I  
23          get this incorrect, but yeah, I think site --  
24          Savannah River is only a site profile review,  
25          and we have a -- a status report or a interim

1           report, I guess, from SC&A at this point. We -  
2           - we did have a classified meeting down at the  
3           Savannah River Site to look at a database, and  
4           we -- out -- out of that meeting -- I mean it -  
5           - it's actually quite interesting 'cause the  
6           database we were looking at wasn't the database  
7           we thought we were going to look at, so that's  
8           one of the things we have to resolve is this  
9           sort of database pedigree question. And out of  
10          that meeting arose several actions and I've --  
11          I've -- I volunteered to take the task of  
12          getting some action items out of that workgroup  
13          meeting and circulating them to the workgroup  
14          and to NIOSH as a reminder. I think we all  
15          understood when we left the meeting that  
16          certain parties had certain actions, but I  
17          think we need a reminder, a memo, of these  
18          actions. And I'm just getting around to  
19          finalizing that so I'm going to circulate that  
20          soon. But I think otherwise, the interim  
21          report is out there and I think we need a face-  
22          to-face workgroup probably to work through some  
23          of the-- these questions. But we -- my first  
24          preference would be to get a sort of status  
25          report on some of these actions that were

1           arranged for in the February meeting in  
2           Savannah and maybe Joe can add on if...

3           **MR. FITZGERALD:** Yeah, this is Joe Fitzgerald.  
4           I think the only thing I would say is that this  
5           is the first of a kind. This is a follow-up to  
6           a site profile, which we haven't done before,  
7           and it's becoming clear that as we've gone  
8           through this process that, you know, we can  
9           close some of these issues out -- and we have,  
10          in fact. Sam Glover, the workgroup and  
11          ourselves have closed out a number of issues.  
12          But there are some issues that require data,  
13          information from DOE, and so this is going to  
14          sort of have a continuum that will take a  
15          little bit of time. And what we're proposing  
16          is to go ahead and take this so-called status  
17          summary, this -- you know, work progress  
18          report, and go ahead and put that together --  
19          not do too much more work with it but, you  
20          know, make it available to the Board as here is  
21          the progress of the follow-up to this review  
22          that the Board assigned us, and we're going to  
23          continue chasing some of these remaining  
24          issues. But here's where we are now, here's  
25          what's been settled, here's what's remains,

1           here's some of the issues that we've looked at,  
2           and make that available and -- but then move on  
3           and work some of these other issues. So that's  
4           what we're planning to do in terms of issuing a  
5           sort of a interim report or progress report  
6           that we could make available to the Board.

7           **DR. ZIEMER:** Okay.

8           **MR. FITZGERALD:** And that current draft right  
9           now is with Sam. He's looking at it from the  
10          standpoint of just looking at the status and  
11          the -- you know, ascertaining whether or not he  
12          -- he agrees and whether the workgroup's on  
13          board.

14          **DR. ZIEMER:** Okay, thank you. Let the record  
15          show that Dr. Melius has joined us. Welcome,  
16          Jim. Jim, we're just doing the updates on our  
17          working groups. One that we sort of reported  
18          for you, but I'll give you an opportunity to  
19          update further if you wish, it's on the SEC  
20          issues, the 250-day issues and related items.  
21          I -- I reported that that workgroup has not met  
22          since our last meeting, and I don't think  
23          there's any other material that -- or is there  
24          some more material --

25          **DR. MELIUS:** What -- there -- there --

1           **DR. ZIEMER:** -- that you want to report on?

2           **DR. MELIUS:** There -- there is some more  
3 material. Jim Neton -- we had that one meeting  
4 that we had agreed to try to identify some of  
5 the information, some particular cases and  
6 exposure situations fro-- at the Test -- Nevada  
7 Test Site, and I believe that relatively  
8 recently has been provided to SC&A. I got an  
9 e-mail I believe from Arjun about that. I  
10 don't know, Arjun, if you want to add a little  
11 bit to that.

12          **DR. MAKHIJANI:** No, we -- we're -- we've sort  
13 of begun looking at it, but we don't have  
14 anything substantive to report. Jim --

15          **DR. ZIEMER:** But you have received the document  
16 from -- from NIOSH and so on.

17          **DR. MAKHIJANI:** We did -- we did receive the  
18 document --

19          **DR. ZIEMER:** Okay.

20          **DR. MAKHIJANI:** -- from NIOSH, so --

21          **DR. ZIEMER:** And then -- so the -- the  
22 workgroup will be awaiting SC&A response --

23          **DR. MELIUS:** Yeah.

24          **DR. ZIEMER:** -- for that. All right. Thank  
25 you for that update.

1           **MR. PRESLEY:** Hey, Paul?

2           **DR. ZIEMER:** Yes --

3           **MR. PRESLEY:** I just received --

4           **DR. ZIEMER:** -- Bob Presley.

5           **MR. PRESLEY:** I just received an e-mail from  
6 Gen, and she asked that everybody please try to  
7 speak into the mikes. She's having a hard time  
8 hearing.

9           **DR. ZIEMER:** Okay, thank you. Gen, we'll try  
10 to speak up, but we had trouble this morning  
11 with people at the -- on the phones hearing us,  
12 as well. It may have something to do with the  
13 equipment here, we don't know really.

14          **DR. ROESSLER:** It is a lot of clicking every  
15 now and then.

16          **DR. ZIEMER:** Yeah, I -- I think that's some  
17 background on the line. We're not hearing at  
18 this end at all.

19          **DR. ROESSLER:** Yeah, I think if people on the  
20 line could mute their phones, that would help.

21          **DR. ZIEMER:** Yeah.

22          **DR. ROESSLER:** Thanks.

23          **DR. ZIEMER:** If you are listening by phone, if  
24 you're not speaking, mute your phone so that we  
25 don't pick up the background noises. Thank

1	you.
---	------

2 Any other comments on the workgroup? We're  
3 going to pick up the dose reconstruction  
4 subcommittee report right after the break. So  
5 let's take our break now and then we'll pick up  
6 at that point.

7                   (Whereupon, a recess was taken from 2:30 p.m.  
8                   to 3:00 p.m.)

9 DR. ZIEMER: We're now ready to reconvene, if  
10 you would take your seats, please.

11	(Pause)
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12	SUBCOMMITTEE REPORT
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13 We're going to continue with the agenda item  
14 which is called Working Group Reports, and  
15 under that category, Working Group Reports, we  
16 also include the report of our subcommittee.  
17 We have one subcommittee, which is the  
18 Subcommittee on Dose Reconstruction. That  
19 subcommittee met this morning under the  
20 direction of its chair, Mark Griffon, and so  
21 we're -- we're going to ask Mark to give us an  
22 update on the activities of the dose  
23 reconstruction subcommittee. And also I  
24 believe they have some recommendations for us  
25 today, so Mark, let -- let's hear from you on

1 the dose reconstruction subcommittee.

2 **MR. GRIFFON:** Okay. Yeah, a lot of -- a lot of  
3 the folks in the room now were here for the  
4 earlier subcommittee, but I will go through --  
5 a fairly brief subcommittee meeting this  
6 morning. We did talk about mainly three  
7 topics. One was the blind reviews for the dose  
8 reconstruction process. The second was the  
9 advanced versus basic reviews that we wanted to  
10 -- to see going forward, whether we needed to  
11 further look at the original scope of the  
12 advanced reviews and see if we needed to  
13 integrate more of that into the future advanced  
14 reviews. And finally just a status update on  
15 the -- all the sets of reviews that we've been  
16 doing and where they stand and where they're --  
17 where -- where we're going in the near future.  
18 On the first topic with the blind reviews, we  
19 had -- we had discussed this at previous  
20 meetings and I think we sort of had some  
21 general discussions on how to -- how we want --  
22 wanted to conduct the blind reviews. It -- it  
23 is in our original contract with SC&A to have  
24 SC&A conduct blind reviews. We haven't done  
25 any to this point, so we -- we had discussed

1 sort of the -- the need to do them, how we  
2 would go about them and the process for a sort  
3 of case selection. And out of this -- out of  
4 this morning's subcommittee meeting we came up  
5 with a recommendation from the subcommittee to  
6 the Board to consider, and I guess I can just  
7 read that -- that recommendation out and then  
8 we can -- we can discuss it from there.

9 The subcommittee recommends that the Board  
10 should task SC&A with conducting two blind  
11 reviews, both being done with two different  
12 approaches. The first approach would be a dose  
13 reconstruction using available NIOSH tools, and  
14 the second approach would be a dose  
15 reconstruction using best health physics  
16 practices without the use of NIOSH tools but in  
17 accordance with the letter and intent of the  
18 statute and the regulations. And we were -- we  
19 also mentioned that -- or I guess part of the  
20 motion was that this be conducted as part of  
21 the '07 -- FY '07 activities, at least  
22 initiated in '07. It may not be completed in  
23 '07 -- probably won't be completed in '07.

24 **DR. ZIEMER:** So that is the motion?

25 **MR. GRIFFON:** That's the motion, yes.

1           **DR. ZIEMER:** And for clarity, by '07 activities  
2           you're referring to the tasking of our  
3           contractor, SC&A, in terms of -- of that  
4           activity.

5           **MR. GRIFFON:** Correct, yeah.

6           **DR. ZIEMER:** Okay. That motion doesn't require  
7           a second since it comes from a subcommittee.  
8           It's on the floor for discussion.  
9           Wanda?

10          **MS. MUNN:** Further clarification, perhaps I  
11          missed it, but our discussion was indicating  
12          that these blind reviews were going to take  
13          place from raw data, specifically --

14          **MR. GRIFFON:** Yeah.

15          **MS. MUNN:** -- and that was -- I did not hear  
16          that incorporated in the motion.

17          **MR. GRIFFON:** Yeah, I -- I should -- I was  
18          trying to be brief with the motion, but when I  
19          -- I can expand that the -- these two  
20          approaches, the first approach would be a DR --  
21          dose reconstruction using available NIOSH  
22          tools, but -- but the initial data that -- that  
23          we give or that -- that SC&A gets in this blind  
24          review process would be the exact same data  
25          that a dose reconstructor at NIOSH would

1           receive. In other words, it would be the raw  
2           DOE records, along with the interview and other  
3           correspondence, but it would not include any of  
4           the analysis that NIOSH did in reconstructing  
5           dose. So it was just -- just be the raw data  
6           and the interview and other -- other sort of  
7           administrative information and -- and that  
8           would be -- you know, that would be what they  
9           were provided up front.

10          In option -- in option B, they would be given  
11          that same set of information, but then they --  
12          instead of using the NIOSH workbooks and  
13          procedures and tools, they would just use  
14          basically the -- good health physics practices.  
15          And part of the -- part of the rationale for  
16          that is we want to -- this is to sort of test  
17          the -- one of our charters, which is the  
18          scientific validity of the dose reconstruction  
19          program, so you know, if it -- it could work  
20          very well and be consistent with NIOSH's output  
21          if they use the same tools, but what if they  
22          just went back to basics and said okay, we're  
23          not going to use some of the -- some of the  
24          spreadsheets that NIOSH uses, for instance,  
25          have fairly sophisticated approaches for

1           calculating uncertainties and incorporating  
2           them into the dose estimates. If you just --  
3           if you're going to do a best -- best estimate  
4           using best health physics practices, sort of  
5           going back to the basics and using a calculator  
6           to run your numbers, you know, you might not  
7           have all the sophistication in the uncertainty  
8           analysis, but -- but you -- you know, you might  
9           -- you'll get a reasonable comparison with  
10          these other methods, as well. And -- and then  
11          it's sort of -- you know, it's another way to  
12          validate is NIOSH's method scientifically  
13          robust.

14       **DR. ZIEMER:** Okay. Does that answer your  
15       question, Wanda?

16       **MS. MUNN:** Yes, it does.

17       **DR. ZIEMER:** Okay. And Dr. Melius?

18       **DR. MELIUS:** Yeah, my concern would be why only  
19       a sample of two? That seems awfully small to  
20       make a comparison or to reach any -- if we're  
21       trying to understand either the validity or  
22       which approach is -- is better or more  
23       appropriate to do, I'm not sure what we're  
24       going to conclude with a, you know, cell size  
25       of one on each side. And it seems to me we've

1           postponed doing those -- doing these for quite  
2           some time. I think the blind reviews have, you  
3           know, potentially significant value and I think  
4           they're -- is, as we had originally discussed,  
5           a significant part of -- of us as a Board  
6           meeting our charge in the legislation to  
7           evaluate the dose reconstruction process. So I  
8           guess I'm a little puzzled why only -- are we  
9           starting with two, and particularly why are  
10          starting with two and splitting them into, you  
11          know, two different approaches and what are we  
12          -- where do we go from there? I mean...

13       **DR. ZIEMER:** Let me respond in part, and I'm  
14       not on the subcommittee but I did listen to  
15       their deliberations. I would look on this as a  
16       pilot study. They wanted to try a couple and -  
17       - and -- and then see if thi-- is this the  
18       approach we want to use for blind review.  
19       We've not done blind reviews, and there's some  
20       question as to how they should be done. I  
21       think, as I understood it, they were going to  
22       evaluate this immediately after so they could  
23       determine what additional number might be  
24       needed and if indeed this is the approach that  
25       should be used. But --

1           **DR. MELIUS:** But -- but --

2           **DR. ZIEMER:** -- perhaps Mark should --

3           **MR. GRIFFON:** Yeah, that -- that was the only -  
4           - the justification was -- you know, this --  
5           let's try this out and see how this works. I  
6           understand your concern of two is not a very --  
7           very large sample to try something and see if  
8           it works.

9           **DR. MELIUS:** Yeah, 'cause -- if I can just --

10          **MR. GRIFFON:** Yeah.

11          **DR. MELIUS:** -- I mean if it -- the desire is  
12          to compare the -- get some estimate of the  
13          amount of work time that would be required and  
14          sort of the budget and how much -- well, budget  
15          and time we need to commit on the part of SC&A,  
16          I also don't think that a -- you know, a sample  
17          of, you know, one from each method is going to  
18          -- or approach is going to be adequate because  
19          it really is -- lot's going to depend on your  
20          selection of the cases, how, you know,  
21          complicated their -- their exposure history is  
22          and what they were exposed to and so forth, so  
23          I guess --

24          **MR. GRIFFON:** Well --

25          **DR. MELIUS:** -- I -- I -- I'm -- I'm puzzled

1           why we're only committing at this point to  
2           doing two, I guess is the thing. It seems to  
3           me we need to -- we've delayed this long enough  
4           and we ought to be thinking about -- 'bout  
5           doing more. If it's a budget issue, then let's  
6           talk about it in terms of budget. If it -- if  
7           it's an issue of method, I guess I'm a little  
8           concerned at the end of it how -- how are we  
9           going to know which one is better, or more  
10          appropriate?

11       **MR. GRIFFON:** We -- we do -- just for  
12       clarification, we were saying two cases and use  
13       both methods on both cases, but --

14       **DR. MELIUS:** Yeah, even so --

15       **MR. GRIFFON:** -- still -- still, the numbers  
16       are small, yeah.

17       **DR. MELIUS:** Yeah.

18       **MR. GRIFFON:** Yeah.

19       **DR. LOCKEY:** Mark, let me ask you a question.  
20       If -- if the two cases were done in a blind  
21       fashion and they come out similar, does that  
22       answer a question; or if they come out  
23       dissimilar, does that answer a question?  
24       What's -- will be the next step in either of  
25       those outcomes?

1           **MR. GRIFFON:** I -- I -- I think -- I think --  
2           I'm not sure that -- that -- that -- I guess  
3           that's part of why we wanted to keep a small  
4           number as we're not sure what outcome we're  
5           going to get out of this. But I think part of  
6           what we're going to find out is -- is  
7           information of -- of not just the final result,  
8           but information so-- you know, along the way of  
9           -- of how -- what we found out in doing the  
10          dose reconstructions each way, so...

11          **DR. LOCKEY:** So perhaps the process is -- is --

12          **MR. GRIFFON:** Yeah --

13          **DR. LOCKEY:** -- as important as the outcome  
14          here, and then take next steps?

15          **MR. GRIFFON:** That's at least what I think --

16          **DR. LOCKEY:** Okay.

17          **MR. GRIFFON:** -- at this point, but -- you  
18          know, and then maybe we -- you know, we do need  
19          a larger sample eventually. I think we  
20          budgeted for two blind reviews for each year,  
21          didn't we, initially?

22          **DR. ZIEMER:** Yeah, the budget -- we're budgeted  
23          this fiscal year for two blind reviews, and  
24          we're budgeted next year I think for two,  
25          although we haven't approved next year's budget

1           and that could certainly change. But John  
2           described for the group how they would approach  
3           this in terms of internally making sure the two  
4           things were done completely separate, and you  
5           may want to describe that.

6           **MR. GRIFFON:** Well, I think we know.

7           **DR. MELIUS:** I guess my concern is not hearing  
8           the methods or -- or about the particular  
9           methods involved. It's -- I'm trying to get a  
10          sense is the subcommittee -- are we committed  
11          to continuing to do blind reviews or -- or are  
12          we --

13          **MS. MUNN:** Yes.

14          **DR. MELIUS:** -- going to do two and just stop  
15          and say -- and we're trying to evaluate whether  
16          they're worth doing because --

17          **MR. GRIFFON:** No, I --

18          **DR. MELIUS:** -- then I have a real concern that  
19          the -- the sample size just isn't big enough  
20          and that we're fooling ourselves if we think we  
21          can reach conclusions. If we're trying to  
22          reach out -- you know, work out what's the best  
23          approach to use --

24          **MR. GRIFFON:** That's what I think.

25          **DR. MELIUS:** -- then -- then, you know, I guess

1 I can understand a little bit better and I'm a  
2 little bit more comfortable with sort of this  
3 pilot test and then moving --

4 **MR. GRIFFON:** Yeah, I'm not sure I'm -- I'm not  
5 sure I'm speaking for the whole subcommittee,  
6 but -- but I -- my intent was that we'd choose  
7 a small sample size to work out how we want to  
8 do these blind reviews, and we are committed --  
9 I mean the original scope says these blind  
10 reviews and we estimated two per year --

11 **DR. LOCKEY:** Yeah.

12 **MR. GRIFFON:** -- and I think we're still  
13 committed to doing more of these, but we just  
14 don't want to assign ten and then find out, you  
15 know, we went about this all wrong. We wasted  
16 a lot of -- so we want to -- we want to try to  
17 refine it after these first -- this pilot sort  
18 of --

19 **DR. MELIUS:** Okay.

20 **MR. GRIFFON:** -- test.

21 **DR. MELIUS:** Okay. That helps.

22 **MR. GRIFFON:** Sorry.

23 **DR. ZIEMER:** Other comments or questions? Yes,  
24 Larry Elliott has a comment.

25 **MR. ELLIOTT:** I've -- I've listened to the

1           deliberation on blind reviews from the start of  
2           the program, if you'll recall. I'm really  
3           interested in what you do with this and have --  
4           it's been, you know, my advice to you all to  
5           get on with it and do it because I think  
6           there's a lot to be gained from -- from this  
7           examination.

8           I -- I would like to challenge the Board here  
9           to -- to come to grips with what are the  
10          questions that you're trying to answer in a  
11          blind review, because I think there's two  
12          obvious ones. One obvious one that you've been  
13          thinking of all along, you know, how well did  
14          NIOSH do in reconstructing the dose for a given  
15          claim using their approaches, their -- their --  
16          their tools. And I -- I think there's many  
17          more questions that could be asked. If you put  
18          your questions down, maybe then you can reflect  
19          upon what you see in your review process and  
20          maybe we can see some answers.

21          To me it's very interesting because NIOSH --  
22          when you talk about basic health physics  
23          principles, Mark, that's what we feel we have  
24          based this whole program on, and that's what we  
25          have done in the development of our tools.

1           We've used basic health physics principles,  
2           good industrial hygiene practices and  
3           understanding of exposure scenarios. And where  
4           we needed to draw assumptions, we've tried to  
5           make those assumptions reasonable and claimant  
6           favorable in the context of a compensation  
7           program that requires us to do -- do all of  
8           this in as timely a manner as we possibly can  
9           to treat all the claims.

10          And so, you know, one of the questions could be  
11          is there another approach that gets the job  
12          done with more accuracy and in a quicker time  
13          frame. I'm all ears.

14          So I'm -- I'm just -- I don't want to be  
15          belligerent here, but I really think that I  
16          don't want to see this opportunity missed in  
17          blind reviews. I think they are important. It  
18          is, to me, one of the ultimate external peer  
19          reviews that we could ask for. Can some other  
20          health physicist pick up a claim, with the  
21          claim information that's been developed as a  
22          case file, and come out with a dose  
23          reconstruction in a timely manner that gives a  
24          compensation decision that is accurate. That's  
25          what we've been asked to do in this law and

1           that's what we've been striving to do from day  
2           one.

3           So I -- you know, sorry to be preaching here,  
4           but that's what I would say to you.

5           **DR. ZIEMER:** Thank you. Good comment. Jim,  
6           you have an additional comment?

7           **DR. MELIUS:** Yeah. Let me -- since we're  
8           talking about the philosophy of why we're doing  
9           these and so forth, and I appreciate Larry's  
10          comments, but another reason to do blind  
11          reviews was to -- to assure that NIOSH is  
12          obtaining all the necessary and available  
13          information for doing a -- a dose  
14          reconstruction. And those of us who are  
15          original members of the Board remember that we  
16          spent a lot of time arguing and -- and -- about  
17          whether or not we would include independent  
18          interviews of the claimants as -- as part of  
19          this process. And I'm not necessarily bringing  
20          that issue up again, but -- but I do think that  
21          that's the -- the other aspect of the need for  
22          doing blind reviews, and I think, you know,  
23          that that is also very important that we  
24          provide some sort of verification that all the  
25          information that was appropriate and relevant

1           to a dose reconstruction was -- was obtained,  
2           to the extent that we are capable of doing that  
3           in our audit. And again another reason for I  
4           think the need to go on with this process and  
5           to move it along.

6           **MR. GRIFFON:** I -- I -- that's a very  
7           interesting comment 'cause we had the same  
8           comment during the subcommittee from Arjun --  
9           or John. And I think what is very clear to me  
10          now is that the subcommi-- I think I would  
11          offer that the subcommittee draft a set of  
12          goals for -- I -- I don't think it should slow  
13          this motion, necessarily, 'cause I think we  
14          could start the process of -- of -- of doing  
15          this work. But in the meantime, I think the  
16          subcommittee, parallel to this, should draft  
17          goals. And before SC&A gets the assignment,  
18          obviously we would have these -- these goals  
19          discussed and finalized, but goals for this  
20          blind review process. I think that is  
21          important.

22          The -- the one thing I want to say, I -- Jim, I  
23          think the point you just made is a very  
24          important goal of our dose review program, but  
25          I think earlier this morning I said that I

1           didn't think it was part of our blind review  
2           process that that -- that item that you just  
3           mentioned, I tried to capture in the advanced  
4           review section and -- and what I would see as  
5           something that we haven't covered in our  
6           advanced reviews in the past. My concern on  
7           doing that with a blind review is -- you know -  
8           - well, I just don't think we can capture in  
9           the blind review -- we -- we want to compare  
10          apples and apples, I think, and we want to have  
11          -- have the same information being used by the  
12          dose reconstructor from -- I guess it's  
13          answering different questions, so I think we  
14          should -- should set out what we want to  
15          answer, but you know, in that case we're saying  
16          give the NIOSH dose reconstructor all the same  
17          information as you're giving SC&A and see what  
18          kind of answers we get as far as -- as dose  
19          estimates. I -- I -- but I do want to say that  
20          that goal that you just mentioned I think is --  
21          is one major one that I mentioned in our  
22          advanced review that I don't think we've fully  
23          captured, that -- that question of -- and  
24          people that were in the subcommittee meeting  
25          earl-- earlier this morning know that I

1           mentioned the data gathering section. I'll --  
2           I'll hand out our original scope, I have extra  
3           copies here. Data gathering, part of it was  
4           did -- did NIOSH include all relevant  
5           information from all sources, and I don't think  
6           SC&A in their audits thus far have sort of  
7           drilled down to examine that question. But I  
8           was capturing that in sort of the advanced  
9           review questions, not in the blind review  
10          questions. But, you know, that -- that's sort  
11          of my fo--

12       **DR. ZIEMER:** Okay, Jim, you -- additional  
13       comment?

14       **DR. MELIUS:** I would just argue that it should  
15       be part of both 'cause I -- and I think just  
16       even to address the issue that Larry raised, is  
17       there a more efficient way of conducting a --  
18       the dose reconstruction process, and I don't  
19       think you can consider that without considering  
20       the totality information that was available or  
21       should have been available for a particular  
22       dose -- dose reconstruction. And if someone  
23       missed the availability of certain types of  
24       information, that could very well mean that the  
25       process was, you know, less efficient or -- as

1 well as less accurate. So I would just argue  
2 they're part of both. I don't think one can do  
3 a full evaluation of -- of whether all the  
4 informa-- you know, NIOSH is obtaining all the  
5 information necessary and available for doing  
6 dose reconstructions as part of the blind  
7 reviews. I think that takes something more and  
8 that's what I think you were getting at when  
9 you were talking about the advanced reviews --

10 **MR. GRIFFON:** Yeah.

11 **DR. MELIUS:** -- but either way, I think it  
12 needs to go forward. I would just argue that  
13 you've included as part -- I think it's  
14 inevitable as part of a blind review that you -  
15 - you look into that.

16 **DR. ZIEMER:** Well, one part of a blind review  
17 might be that the -- the dose reconstructor in  
18 this case, whether it's using NIOSH method or -  
19 - or basic health physics principles might, as  
20 part of their findings, say there's  
21 insufficient information in the file to address  
22 some particular question. Not that they  
23 necessarily would have to pursue it at that  
24 point, but it could be a type of finding that  
25 might emerge.

1           **DR. MELIUS:** Uh-huh.

2           **DR. ZIEMER:** Additional comments?

3                           (No responses)

4           Okay. We have before us the motion, which is  
5           to approve, as part of this year's tasking of  
6           SC&A, to get underway with two blind reviews.  
7           One to be -- well, both to be done in two ways,  
8           one using the -- basically what we'll call the  
9           NIOSH methodology, the other using basic health  
10          physics principles. Is that the -- the thrust  
11          of the motion? I -- make sure we all --

12          **MR. GRIFFON:** Yeah.

13          **DR. ZIEMER:** -- understand what the motion is.

14          **MR. GRIFFON:** Yeah, and -- and I just --

15          **DR. ZIEMER:** So two reviews, each done two  
16          ways.

17          **MR. GRIFFON:** Yeah.

18          **DR. ZIEMER:** And -- and John Mauro described  
19          for the subcommittee how they would do that and  
20          make sure internally that the two groups doing  
21          these weren't talking to each other to give  
22          each other clues. They would truly be blind  
23          from each other, as well.

24          Board, are you ready to then vote on this  
25          motion?

1 All in favor, aye?

2 (Affirmative responses)

3 Those opposed, no?

4 (No responses)

5 Abstentions?

6 (No responses)

7 Gen Roessler, are you on the line?

8 DR. ROESSLER: I'm on the line and I voted aye.

9 DR. ZIEMER: Okay, thank you. Then --

10 UNIDENTIFIED: Aye.

11 DR. ZIEMER: Was that Gen twice? Did you --

12 DR. ROESSLER: No.

13 DR. ZIEMER: -- vote twice, Gen?

14 DR. ROESSLER: No, that was somebody else.

15 DR. ZIEMER: It sounded like a female voice. I  
16 only recognized --

17 DR. ROESSLER: It did, but it wasn't me.

18 DR. ZIEMER: -- Gen as being on the phone.

19 Then the motion passes and we will so charge  
20 SC&A with proceeding with that.

21 And David Staudt, are you -- Staudt, still on  
22 the line from this morning, our contractor  
23 (sic)?

24 (No responses)

25 Apparently not, but I think he's aware of the

1 recommendation that was going to be made.

2 Mark, do you have any other comments or -- on  
3 the other issues and --

4 **MR. GRIFFON:** (Unintelligible) items I do,  
5 yeah.

6 **DR. ZIEMER:** Go ahead.

7 **MR. GRIFFON:** Just going to hand around -- I  
8 think some people got this this morning. It's  
9 the same thing I handed around the  
10 subcommittee, but I -- for people who didn't  
11 see it, this is the -- there's a four-page  
12 document coming around and it's got -- the  
13 first two pa-- first two and a half pages are  
14 the original --

15 **DR. ZIEMER:** Are these -- are these available  
16 for the public, as well, do we know?

17 **MR. GRIFFON:** Do we --

18 **DR. ZIEMER:** Did we make extra copies?

19 **MR. GRIFFON:** We made some extras. We have  
20 some extras here. We can make --

21 **DR. ZIEMER:** If anyone didn't get one and needs  
22 one, we'll provide them.

23 **MR. GRIFFON:** We can make them available, yeah.  
24 The first two and a half pages are the original  
25 scope of -- the original scope for the dose

1 reconstruction reviews, and first item says  
2 basic review, and it gives the subheadings.  
3 Then advanced review is on page two, and then  
4 half-way down page two I have added this in --  
5 this discussion below, and that's probably  
6 where -- where I'll focus you right now, just  
7 for purposes of discussion, the scope which  
8 needs to be covered in future advanced reviews.  
9 And this certainly was just a discussion  
10 document in the subcommittee. We didn't come  
11 to any formal motion at -- at this point, but -  
12 - and I developed this for discussion from the  
13 subcommittee, so we're -- we're just beginning  
14 to discuss this. But these items A, and then  
15 on page three, B and C, you'll see are part of  
16 that original scope for the advanced reviews.  
17 And I added the underlined sections to sort of  
18 highlight what I felt were some -- you know,  
19 some key phrases that I don't think thus far in  
20 our dose reconstruction reviews that we really  
21 focused on these things. We've probably been  
22 doing, I think, what -- what John Mauro has  
23 characterized as realistic reviews, probably  
24 more than the basic but missing some of these  
25 components of the advanced review.

1           And this morning we just sort of kicked in --  
2           kicked off this topic, but I -- I -- I asked  
3           the other subcommittee members, and we'll come  
4           back to the Board with a proposal on this, but  
5           I asked the other subcommittee members to look  
6           at this and consider which items we want to add  
7           for future advanced reviews. And I think  
8           there's a couple of considerations, and at the  
9           bottom of page four I sort of outline some of  
10          those considerations because if you look at  
11          item A, when we drafted this we didn't really  
12          have a lot of site profiles. I don't even  
13          think we had a methodology for reviewing the  
14          site profiles at that point. Some of the  
15          things in site (sic) A I think it -- it could  
16          be easily argued that if we're doing a robust  
17          site profile review, some of -- of items A-1, 2  
18          and 3 may not be as important in a dose  
19          reconstruction review.

20          On the other hand, there's a lot of sites for  
21          which there are no site profiles or the Board  
22          is not doing a site profile review. And so for  
23          some of those cases it may be relevant to say  
24          let's tag this one as an advanced review and  
25          let's make sure we capture some of these

1           advanced scopes that I've underlined here and  
2           highlighted. So we haven't come to any  
3           conclusions on this, but I thought that -- we -  
4           - we haven't sort -- we -- the subcommittee's  
5           not offering any recommendation at this point,  
6           but we are planning to draft language to better  
7           define what the FY '08 advanced reviews will be  
8           for SC&A. And also sort of the -- the  
9           mechanics of how we go about this, how -- for  
10          example, we -- we may have sort of an iterative  
11          step where we -- we -- we may define something  
12          in -- in -- initially as an advanced review.  
13          SC&A may open up the full case file and say,  
14          you know what, I know you wanted an advanced  
15          review on this but it really doesn't make sense  
16          for the following reason and, you know, it  
17          would be better off just to treat this one as a  
18          basic review. Or vice versa. So sometimes  
19          when you open up these case files and look at  
20          the case, all the facts of the case, you have a  
21          different sort of view of it than when you just  
22          look at the case statistics. You know, was it  
23          a best estimate versus an over or  
24          underestimate, or things like that are  
25          sometimes not -- don't fully capture the -- the

1           essence of the cases. So we -- we may have an  
2           iterative process, and that's sort of the  
3           mechanics of how -- how we put this in place.  
4           So we've -- we -- we on the subcommittee are --  
5           are planning on meeting in September -- late --  
6           late August or early September and drafting --  
7           or refining this scope or -- and also outlining  
8           the mechanics of how we will put this into  
9           place for FY '08 advanced reviews, and that's  
10          sort of where we stand on that at this point,  
11          no -- no real recommendations to the Board.

12       **DR. ZIEMER:** Okay, so no action required, this  
13       is for information. Are there -- are there  
14       questions for Mark or discussion on this?

15       **MR. PRESLEY:** Well --

16       **DR. ZIEMER:** Mr. Presley.

17       **MR. PRESLEY:** From the meeting this morning,  
18       Mark's going to go ahead and e-mail this to the  
19       -- to the working group (sic) members for a  
20       comment, and then we'll -- I presume -- get  
21       back together as a -- a working group (sic) on  
22       that.

23       **MR. GRIFFON:** Yes.

24       **DR. ZIEMER:** Right. And at some point will  
25       come with a formal recommendation to the Board.

1           **MR. GRIFFON:** Ho-- not at some point.  
2           Hopefully in the Aug-- in the October meeting.  
3           We want to move this along, so --

4           **DR. ZIEMER:** I consider that at some point in  
5           the -- okay, very good. Thank you. Other  
6           comments or questions?

7                               (No responses)

8           Okay, thank you very much.

9           **MR. GRIFFON:** I would -- I would -- if you want  
10          me to give a quick update on the case status,  
11          it --

12          **DR. ZIEMER:** Sure, yeah, do that.

13          **MR. GRIFFON:** -- very quick, just to run down -  
14          - the only other thing we did in the  
15          subcommittee was status of the case reviews,  
16          and we are still working on the fourth set of  
17          cases. We have some outstanding issues on the  
18          fourth set. A sort of reanalysis was done by  
19          NIOSH on -- on some cases, and SC&A now has  
20          that, but -- but needs a little more time  
21          before we're ready to come back to our -- our  
22          comment resolution process.

23          We -- we are close to clos-- closing out the  
24          fifth set of -- of cases, sort of at the same  
25          stage, although not as many difficult issues

1 left on the table. But we went through the  
2 resolution process and we're at sort of final  
3 closeout. Our hope is that in the next -- in  
4 this September -- late August/early September  
5 meeting we can also sort of finalize the fourth  
6 and fifth set of cases.

7 The sixth set of cases is -- a matrix has been  
8 finalized by SC&A and we're ready to bring that  
9 into the workgroup process, and hopefully --  
10 that may even be on the agenda for -- for that  
11 meeting, if we have time.

12 The seventh set of cases SC&A is -- is now  
13 completing the review and they're planning  
14 within the next two, three weeks to contact the  
15 Board teams and have the conference calls with  
16 the Board members on individual cases. And  
17 then subsequent to that, a matrix would --  
18 would be brought forward to the subcommittee  
19 the same way.

20 And finally the eighth set of cases, we just  
21 selected these cases. NIOSH is -- is putting  
22 together the cases to send to -- to SC&A. They  
23 haven't received those yet, but they will begin  
24 work on that and that'll be the -- that's the  
25 final set for your FY '07 budget. Right?

1           Yeah, John is nodding yes, so...

2           And I guess that's it unless you -- you said  
3           you had the teams for the eighth set, are you -  
4           -

5           **DR. ZIEMER:** For the eighth set, there are 30  
6           cases that NI-- or that will be reviewed in  
7           that group, and I have assigned the -- the  
8           teams are -- these are teams of two so there  
9           are six review teams of two people. Each team  
10          will have five cases to review. I'll  
11          distribute those assignments at our workgroup  
12          meeting Thursday, so those are ready to go.

13          **UPDATE ON SEC PETITIONS**

14          Okay. Now we're a little bit ahead of schedule  
15          and, as usual, we try to be flexible and we  
16          have an item from -- if we look ahead, an item  
17          that we can pick up at this point. It's --  
18          it's from Thursday afternoon's schedule. It's  
19          just a review of SEC petitions upcoming -- wait  
20          a minute, status of SEC petitions, where is  
21          that?

22          **MR. RUTHERFORD:** It's actually scheduled for  
23          Thursday afternoon at 2:30 or something, 3:30?

24          **DR. ZIEMER:** 2:45 -- 2:45 is -- is the item,  
25          status of upcoming SEC petitions. LaVon

1 Rutherford is prepared to present that as  
2 simply a report, an update on where we stand on  
3 the petition process, numbers and so on, so  
4 LaVon has agreed to present that now, so --

5 **MR. RUTHERFORD:** Thank you --

6 **DR. ZIEMER:** -- proceed.

7 **MR. RUTHERFORD:** -- Dr. Ziemer, and Board and  
8 public. Some of the slides will be -- look  
9 funny because they'll say we talked about  
10 something at this Board meeting, but we haven't  
11 really talked about it -- you'll notice that.  
12 Again, this is the status of upcoming SEC  
13 petitions. We do this -- we've done this  
14 periodically, and we try to do it every Board  
15 meeting but sometimes there's too much on  
16 plate. We do this to provide the Board an  
17 update of existing SEC petitions and also to  
18 identify some 83.14s we're working on. We do  
19 this -- this is ho-- this is done to help the  
20 Board in preparations for upcoming working  
21 group meetings and upcoming Board meetings.  
22 To date, since the Rule was approved in May of  
23 2004, we have had 93 SEC petitions. We have  
24 nine petitions that are in the qualification  
25 phase at this time. We have 40 petitions that

1           have qualified for evaluation, and of those 40,  
2           32 NIOSH has completed evaluations. We have  
3           eight that are in the evaluation process and we  
4           have 39 that did not qualify.

5           Let me restate something. I said petitions in  
6           the qualification process is nine, meaning they  
7           haven't qualified yet at this time, and we have  
8           eight that we are actually working on at this  
9           time. And the numbers may seem weird to you  
10          because it doesn't seem like we've had that  
11          many, but if you remember, we do merge  
12          petitions at times. If you remember back on  
13          the Iowa evaluation, we actually merged four  
14          petitions, so one evaluation may have covered  
15          four petitions -- or three or four petitions.  
16          I want to talk about existing evaluations that  
17          we've completed our evaluation report and those  
18          -- that report is with the Board awaiting  
19          recommendation.

20          We have Chapman Valve, the Chapman Valve  
21          evaluation report was approved in August of  
22          2006, and NIOSH presented our evaluation in  
23          September of 2006. The Advisory Board  
24          established a working group and the working  
25          group met and presented their findings at the

1 May, 2007 Board meeting and a decision was made  
2 to hold off their recommendation until after  
3 the petitioner had received the SC&A report  
4 from -- from their review of our evaluation.  
5 We plan to discuss that -- I believe it's on  
6 the schedule to be discussed at this Board  
7 meeting.

8 We have Blockson Chemical. Blockson Chemical -  
9 - NIOSH completed their evaluation in September  
10 of 2006, their initial evaluation. We  
11 presented our evaluation at the December, 2006  
12 Board meeting. At that Board meeting it was  
13 recognized that the evaluation did not cover  
14 all of the actual covered exposures for the  
15 Blockson Chemical site, so we pulled back that  
16 evaluation, revised it, looked at the  
17 additional exposure scenarios. We reissued the  
18 evaluation report in July, earlier this month,  
19 and we plan to provide an update at this Board  
20 meeting. A working group was established at  
21 that December meeting.

22 We have the Fernald or Feed Materials  
23 Production Center site petition. NIOSH  
24 completed our evaluation in November of 2006.  
25 We presented that evaluation at the February

1 Board meeting in Cincinnati, the February, 2007  
2 Board meeting. The Advisory Board established  
3 a workgroup to review the evaluation report and  
4 in May of 2007 SC&A issued a draft review of  
5 that evaluation report to the Board. That  
6 review by that working group is still ongoing.  
7 Bethlehem Steel, the evaluation report for the  
8 Bethlehem Steel was approved and issued to the  
9 petitioners and the Board on February of 2007.  
10 NIOSH presented their evaluation at the May,  
11 2007 Advisory Board meeting. A decision was  
12 made by the Advisory Board to hold off until  
13 some additional information could be provided  
14 by NIOSH, to hold off till the next Board  
15 meeting. I believe that's planned to be  
16 discussed at this Board meeting.  
17 Sandia National Lab Livermore, we completed our  
18 evaluation in March of 2007. We iss-- or  
19 actually we presented our evaluation at the --  
20 at the May Advisory Board meeting. However,  
21 just before that Advisory Board meeting we  
22 received new information from the petitioner  
23 which that new information brought into  
24 question some of the evaluation we had done at  
25 that time, and so the Board asked NIOSH to go

1 back and review that new information and  
2 provide an update to -- to the Board. And we  
3 plan on actually revisi-- actually doing a  
4 supplement to the evaluation report and issuing  
5 that supplement in the very near future. We  
6 will prese-- present that supplement at the  
7 October Board meeting.

8 Hanford early years, we actually discussed this  
9 at -- back in the -- the February Board meeting  
10 in Cincinnati. The Hanford petition was a very  
11 large petition, number of years. We determined  
12 the best way to handle the Hanford petition was  
13 to break that down into more of a manageable  
14 approach of evaluating the early years at  
15 Hanford where there were significant questions  
16 that were brought up that -- that were somewhat  
17 different than the later years. So we -- we  
18 broke that into two separate evaluations.

19 The Hanford early years, we completed that  
20 evaluation on May 18th and -- 2007, and we plan  
21 to present that evaluation at this Board  
22 meeting.

23 Y-12 is actually a petition that was an -- it  
24 was initially not qualified by NIOSH and we  
25 went through the qualification phase -- or went

1 through the phase to be qualified and we -- we  
2 closed the petition, they didn't meet the  
3 basis. The Administrative Review Panel  
4 reviewed that one. This is one of the ones  
5 that the actual working group looked at  
6 earlier. This -- and the work-- the  
7 Administrative Review Panel recommended that we  
8 qualify this petition because they felt that we  
9 had not provided enough information back to the  
10 petitioner.

11 We went through the evaluation of this  
12 petition. We've issued the evaluation report  
13 on June of -- June of 2007. We plan to present  
14 that evaluation at the October, 2007 Board  
15 meeting.

16 There is one I -- I've left off here, and it's  
17 kind of funny because I'm the one presenting  
18 this one tomorrow, the Ames petition. We have  
19 a -- a second Ames petition that qualified a  
20 while back and we've completed the evaluation  
21 on that. This is a petition for 1955 through  
22 1970. It's a very specific class, focusing on  
23 maintenance workers, sheet metal workers. We  
24 completed that evaluation in June -- or  
25 May/June time frame and we plan on presenting

1           that evaluation tomorrow.

2           We have a couple of sites that are still in the  
3           evaluation process.

4           Hanford, as I discussed earlier, we completed  
5           the early years' portion of the Hanford  
6           evaluation. The other years, 1947 on to 1990,  
7           we're on the pace to complete that evaluation  
8           in September, and we plan on presenting that  
9           second evaluation at the October, 2007 Board  
10          meeting.

11          We have a petition for NUMEC that we are --  
12          it's currently in review processes, and we --  
13          we plan on presen-- or completing that and  
14          approving that evaluation in the near future,  
15          and presenting at the October, 2007 Board  
16          meeting.

17          We had a Nevada Test Site petition that we're  
18          evaluating that was for the actual years 1963  
19          to '92. It was -- it was the underground  
20          testing -- was one of the key elements. We  
21          actually are on schedule to complete that  
22          evaluation in August of 2007 and we will  
23          present that evaluation at the October Board  
24          meeting.

25          Lawrence Livermore National Lab, this is

1           actually an 83-- 83.14 that we're working on.  
2           We're on schedule right now to complete the  
3           evaluation in early October. However, if we  
4           can get that done earlier, we will -- we will  
5           present it at the October Board meeting.  
6           There -- there is -- since I've prepared this,  
7           we had two petitions that we're working on from  
8           the Mound facil-- Mound site. They are  
9           actually 91 and 92, if I remember correctly.  
10          Those petitions are qual-- will qualify.  
11          That's for a pretty large period. The actual  
12          letter should go out this week for qualifying  
13          those petitions, so that'll be another actual  
14          petition we will be evaluating.  
15          SEC sites, potential 83.14s that -- that we are  
16          considering, there are a number of 83.14 sites  
17          that we'd actually identified and we started  
18          through the process. However, resource  
19          constraints have -- have slowed the 83.14  
20          process down. We have -- you know, with the  
21          resource constraints that we have, we focused  
22          our efforts on the 83.13s to ensure that we --  
23          you know, in hopes we can meet the 180-day  
24          requirement for those.  
25          And that's it. Questions?

1           **DR. ZIEMER:** Okay. Thank you, LaVon. Robert,  
2           do you have a question? No.  
3           Mark Griffon.

4           **MR. GRIFFON:** On -- on this -- on the table  
5           there, your next-to-last slide, I guess, LaVon  
6           --

7           **MR. RUTHERFORD:** Yeah.

8           **MR. GRIFFON:** -- for the Hanford one, qualified  
9           11/08/06 and you're expecting a report by  
10          September '07. This -- this says '47 through  
11          '90. Was -- was this like for the later years  
12          separated or for the...

13          **MR. RUTHERFORD:** What we did was we broke down  
14          the 19-- early -- 1942 to 1946 because of the  
15          specific issue focusing on DuPont records. We  
16          removed that from the -- and separated out into  
17          two evaluations. So we completed that Hanford  
18          early years, and now the '47 to '90 will be  
19          completed in a second evaluation.

20          **MR. GRIFFON:** Okay, '47 through '90 is the --  
21          is the later years.

22          **DR. ZIEMER:** Yeah.

23          **MR. GRIFFON:** And in the September '07 -- I  
24          guess I'm reflecting on the time -- total time  
25          period for --

1           **MR. RUTHERFORD:** Yes.

2           **MR. GRIFFON:** -- review. Is that meeting your  
3 cri--

4           **MR. RUTHERFORD:** No, it's not, and actually if  
5 you remember back in the February Board meeting  
6 of 2007 at Cincinnati, I identified at that  
7 time that we would not meet the 180-day  
8 requirement for the Hanford petition because of  
9 the -- the enormous amount of information and -  
10 - and documentation that we would have to  
11 review and the large class period. We  
12 recognized early on when we developed the --  
13 our -- our schedule and approach for that  
14 evaluation that we would not make it.

15          **DR. ZIEMER:** Okay. Other questions or  
16 comments?

17          **MR. GRIFFON:** On the -- one -- one -- one other  
18 item. On the Y-12 --

19          **MR. RUTHERFORD:** '58 and '59?

20          **MR. GRIFFON:** Yeah, '59 to '59 statisticians,  
21 you mentioned that the workgroup's discussed  
22 this already. I don't think the workgroup  
23 discussed this pet--

24          **MR. RUTHERFORD:** No, no --

25          **MR. GRIFFON:** Oh, I thought --

1           **MR. RUTHERFORD:** I -- did I say that?

2           **MR. GRIFFON:** I thought you did.

3           **MR. RUTHERFORD:** No, actually if -- this  
4           petition was a -- a -- again, it was under  
5           Administrative Review. It went through our  
6           Administrative --

7           **MR. GRIFFON:** Right.

8           **MR. RUTHERFORD:** -- Review Panel and they  
9           recommended that the petition be qualified and  
10          we moved forward after that in the evaluation  
11          phase.

12          **MR. ELLIOTT:** But you did say the working group  
13          -- this is Dr. Lockey's working group --

14          **MR. RUTHERFORD:** Oh, yes.

15          **MR. GRIFFON:** Oh.

16          **MR. ELLIOTT:** -- read through --

17          **MR. RUTHERFORD:** Yes.

18          **MR. GRIFFON:** Oh.

19          **MR. ELLIOTT:** -- read through this particular -  
20          -

21          **MR. RUTHERFORD:** Yes.

22          **MR. ELLIOTT:** -- petition and the -- the  
23          documentation that was developed on it at that  
24          time.

25          **MR. RUTHERFORD:** Right, actually we -- this --

1           **MR. GRIFFON:** Not -- not the Y-12 working  
2 group, the --

3           **MR. RUTHERFORD:** No, no, this was actually  
4 pointed out -- this went to Administrative  
5 Review before Dr. Lockey's group met, and we  
6 identified to Dr. Lockey's group -- working  
7 group that it was in Admin Review, and the  
8 recommendations that came out of the working  
9 group were actually consistent with the -- the  
10 findings by the Admin Review Panel, as well,  
11 so...

12          **DR. ZIEMER:** All right.

13          **MR. RUTHERFORD:** That -- the Y-12 one is -- you  
14 know, we'll bring it up just because of the  
15 fact that it's unique. This is the first time  
16 that we are going to actually discuss a  
17 petition that's qualified based on a discrete  
18 incident versus a -- it -- it -- it was a --  
19 the petitioner identified that a discrete inci-  
20 - or acute exposure occurred and the Admin  
21 Review Panel qualified the petition based on  
22 that. So I recommend you read that one really  
23 close.

24          **DR. ZIEMER:** Other comments, questions?

25          **MR. GRIFFON:** I got...

1           **DR. ZIEMER:** Yeah, Mark, go ahead.

2           **MR. GRIFFON:** Just -- just a -- a follow-up on  
3           this -- this time frame question with Hanford.  
4           I mean since we are in Hanford here, I -- I  
5           expect that there's going to be some concern  
6           that we didn't meet -- or NIOSH didn't meet the  
7           180-day --

8           **MR. RUTHERFORD:** Sure.

9           **MR. GRIFFON:** -- and -- and you're -- I don't  
10          hear much of a justification other than that it  
11          was a hard, complicated site.

12          **MR. RUTHERFORD:** You know, I think --

13          **MR. ELLIOTT:** We're not offering -- we're not  
14          offering any --

15          **MR. RUTHERFORD:** No.

16          **MR. GRIFFON:** Okay.

17          **MR. ELLIOTT:** -- justification. In February in  
18          Mason -- the Mason, Ohio meeting -- we  
19          identified the issue for you all and told you -  
20          -

21          **MR. GRIFFON:** Okay.

22          **MR. ELLIOTT:** -- how we were going to manage it  
23          --

24          **MR. RUTHERFORD:** Right.

25          **MR. ELLIOTT:** -- that we were going to evaluate

1           that petition in -- in two separate pieces, and  
2           we would make -- our intention was clearly  
3           stated; we would bring forward one of those  
4           evaluation reports within the 180-day mark --

5           **MR. RUTHERFORD:** Yeah.

6           **MR. ELLIOTT:** -- and we're going to do the  
7           second one within another 180 days.

8           **MR. RUTHERFORD:** Yeah.

9           **MR. GRIFFON:** Okay.

10          **MR. RUTHERFORD:** I think one of the things I'd  
11          like to point out is, you know, just with the  
12          process of the 180 days. And you know, you've  
13          got to recognize the fact that different sites,  
14          time periods -- I mean the -- the schedule for  
15          completion of these evaluations, you know, is -  
16          - is affected by that, so...

17          **DR. ZIEMER:** The -- the legislation -- or not  
18          the legislation, but the 180-day issue, there -  
19          - there actually is not a penalty, per se,  
20          associated with that, I don't think. It's a --  
21          other than --

22          **MR. ELLIOTT:** Well, I guess I would offer that  
23          those who are penalized are the people waiting  
24          on, you know, this to be developed --

25          **DR. ZIEMER:** Yeah.

1           **MR. ELLIOTT:** -- and answered, and so we take  
2           it seriously --

3           **DR. ZIEMER:** Right.

4           **MR. ELLIOTT:** -- that Congress has given us a  
5           180-day deadline and we're trying to make it.

6           **DR. ZIEMER:** Yeah.

7           **MR. ELLIOTT:** And we're -- we're trying to be  
8           very clear and transparent in how we're  
9           managing this. If we recognize at an early  
10          event that we're not going to make 180 days, we  
11          tell you about that and we try to inform you as  
12          to how we --

13          **MR. RUTHERFORD:** Right.

14          **MR. ELLIOTT:** -- propose to manage through  
15          this.

16          **MR. RUTHERFORD:** And you know, I would point  
17          out that, you know, we've operated on the -- on  
18          the 180-day time limit well -- well before the  
19          Rule became final. We've -- we've kept that  
20          approach and we've tried and -- and really this  
21          is only -- you know, the other ones, if we  
22          missed any, would be by a day or two, so...

23          **MR. GRIFFON:** Have you -- have you -- I mean I  
24          don't know -- I think Jim chairs the workgroup,  
25          but have you -- have you communicated this with

1 the petitioner and everythi-- I'm sure you  
2 have, but --

3 **MR. RUTHERFORD:** Yes.

4 **MR. GRIFFON:** Yeah, okay.

5 **MR. ELLIOTT:** Yes. Yeah, the petitioner's been  
6 consulted on this and they understand what's  
7 going on -- I hope they do.

8 **UNIDENTIFIED:** (From the audience and off  
9 microphone) We weren't consulted.

10 **MR. ELLIOTT:** No?

11 **UNIDENTIFIED:** (From the audience and off  
12 microphone) We were informed in a meeting and  
13 never consulted.

14 **MR. RUTHERFORD:** Oh, okay.

15 **MR. ELLIOTT:** Well, you were --

16 **MR. RUTHERFORD:** Informed.

17 **MR. ELLIOTT:** That's what I mean by consulted;  
18 you were informed.

19 **DR. ZIEMER:** Okay. Thank you. Any other  
20 comments?

21 (No responses)

22 Okay. Thank you very much, LaVon. We  
23 appreciate -- and it's helpful to look ahead  
24 and see what's coming down the pike for the  
25 Board for planning purposes, as well.

1           We're --

2           **MR. ELLIOTT:** There's one thing I want to add -  
3           - I would like to add one thing --

4           **DR. ZIEMER:** Oh, Larry, yeah.

5           **MR. ELLIOTT:** -- on this. One thing we should  
6           tell you that -- he mentioned NUMEC, and  
7           NUMEC's 180 days was up this past week, and we  
8           did call the petitioners and talk to them and  
9           explain to them that the status of this  
10          evaluation report on NUMEC -- it's been  
11          developed and it is in review. There's a  
12          concern about classified information that may  
13          have found its way to our -- to us, and so  
14          we're dealing with that. I probably have gone  
15          more -- farther than I should on that, but  
16          there's some other issues that we're resolving  
17          as well and we've informed that set -- that set  
18          of petitioners about that.

19          **PUBLIC COMMENT**

20          **DR. ZIEMER:** Okay. Thank you. We're -- we're  
21          going to recess for roughly an hour, because on  
22          the public comment portion we need to stick  
23          with the -- the publicized schedule. There may  
24          be people who are coming here for the purpose  
25          of the public comment, so it's -- it would not

1           be fair to move that up. So we will recess  
2           till -- oh, a comment first. I'm sorry, Jim.

3           **DR. MELIUS:** The only question I would have, if  
4           there are people who are here who would like to  
5           comment -- I mean rather than making them wait.

6           **DR. ZIEMER:** Well, we -- we could certainly do  
7           that.

8           **DR. MELIUS:** I think that's --

9           **DR. ZIEMER:** I actually don't have the list. I  
10          wonder if --

11          **DR. MELIUS:** And I don't have a problem coming  
12          back, but I think we should -- I think we  
13          should, you know... There may not be, but I...

14          **DR. ZIEMER:** I might also, while they're  
15          getting that list, ask if there are any members  
16          of the public on the telephone lines that were  
17          wishing to make comments this afternoon. If  
18          so, you could identify yourselves.

19                               (No responses)

20          I know that Terrie Barrie planned to call in  
21          from Denver, but I'm not sure I know what the  
22          timetable is on that.

23          **UNIDENTIFIED:** (Off microphone)

24                               (Unintelligible)

25          **DR. ZIEMER:** Tomorrow? Okay. And some of

1           these, again, may call in during that period.  
2           Kay Barker, are you on the line?

3                               (No responses)

4           Okay, I have several here. Let me ask if any  
5           of these are here and if they wish to speak now  
6           rather than wait. Let's see, is -- it looks  
7           like Oglesbee, I'm not sure of the first name.  
8           Is there an Oglesbee here?

9           **UNIDENTIFIED:** (From the audience and off  
10          microphone) She's here, she's not in the room  
11          right now.

12          **DR. ZIEMER:** Okay, but perhaps in the corridor,  
13          you mean? Okay.

14          **UNIDENTIFIED:** (From the audience and off  
15          microphone) There she is.

16          **DR. ZIEMER:** Ms. Oglesbee, do you wish to speak  
17          now or would you prefer to wait till the 5:00  
18          o'clock period?

19          **MS. OGLESBEE:** No, I'll do it now.

20          **DR. ZIEMER:** Okay. You can approach the mike  
21          there, and then let me also check -- is -- is  
22          Mary Ann -- is it Carrico -- Carrico? Okay.

23          **UNIDENTIFIED:** (From the audience and off  
24          microphone) (Unintelligible)

25          **DR. ZIEMER:** Later, okay. And Rosemary Hoyt?

1           **UNIDENTIFIED:** (From the audience and off  
2 microphone) (Unintelligible)

3           **DR. ZIEMER:** Okay, good. Thank you.

4           **MS. OGLESBEE:** Could I sit down?

5           **DR. ZIEMER:** You certainly can. Uh-huh.

6           **MS. OGLESBEE:** Yeah. Thank you. Thank you.  
7 So, I've lived here 48 years in Richland and  
8 I'm a suit -- a stakeholder, definitely, and  
9 three of my family members are cancer survivors  
10 and they worked at Hanford and Rocky Flats.  
11 So I prepared this presentation, this public  
12 comment, because I'm recovering from an ailment  
13 and it's better for me if I read it so I don't  
14 get stressed out, so here we go. And most of  
15 you aren't going to like it because it is about  
16 what I know.

17 As it turns out, by year 2007 obviously the  
18 Executive Branch impedes on the Legislative  
19 Branch, and the Executive Branch and the  
20 Legislative Branch impedes on the Judicial  
21 Branch's obligations and fiduciary duties for  
22 this EEOIC purpose. The Congress continues to  
23 fund any and all of the current United States  
24 President's men -- men and women's contrary and  
25 adverse involvement.

1           Then I appear before you today to enlighten  
2           current U.S. Pres-- President George W. Bush  
3           and his assigned Advisory Board on Radiation  
4           and Workers Health members to -- in regard to  
5           abuse of discretion acts that are perpetrated  
6           by the U.S. Health and Human Services,  
7           caretakers, emphasis added. The Office of  
8           Compensation Analysis and Support Director  
9           Larry Elliott did willfully and deliberately  
10          censor an official record that was released in  
11          good faith for consideration by the assigned  
12          caretakers. It appears that in that -- in 2004  
13          Elliott's subordinate David Sundin did assign  
14          the Special Exposure Cohort petition in  
15          question an identification number, number  
16          00011. I have had no notification of that.  
17          And this was based on inaccurate, false and  
18          contrived application. On September 10th, 2002  
19          OCAS director Elliott had informed the  
20          originator, writer and distributor of the SEC  
21          petition, me, that his fiduciary duties cannot  
22          be completed because he and his  
23          supervisors/subordinates were not prepared to  
24          abide by the federal law by the end of the year  
25          2002. The EEOICPA of 2000 stipulates which --

1 stipulations, which includes the SEC provisions  
2 were overwhelmingly approved by Congress and  
3 active since October 30th, 2000. Reasonable  
4 man would likely not allow their original and  
5 applicable content of the law to be vacated to  
6 suit the needs of a few federal caretakers such  
7 as this.

8 I believe thousands of Special Exposure Cohort  
9 petitioners have waited long enough to hear  
10 from those who were legally required to render  
11 a yea or nay response within a specified time  
12 frame according to the original EEOIC  
13 stipulations. Advocate and claimant Gai  
14 Oglesbee collaborated and submitted the SEC  
15 petition in good faith by September 18th, 2002.  
16 The SEC petitioners covered a wide range of the  
17 meritorious classes across the nation who  
18 were/are prohibited by the assigned government  
19 caretakers from defending the causation. The  
20 petitions represent over 7,600 petitioners.  
21 Too many of those meritorious petitioners have  
22 passed. Those who have passed expected and  
23 deserved a response according to binding  
24 federal law, the deceased never received a  
25 response from any of the officials since year

1           2002. By now certain existing workers and  
2           survivor petitioners may have received paltry  
3           sums of compensation for their decades of pain  
4           and suffering. However, the point of this  
5           disclosure is that the majority of the  
6           petitioners have not received any recognition  
7           whatsoever.

8           The legal and binding default stipulation is  
9           ignored by the current U.S. President, his  
10          advisors, that would include the Advisory Board  
11          members, his USHHS Secretary, both Tommy  
12          Thompson and Mike Leavitt and their  
13          subordinates and the Congress.

14          I don't believe certain members of Congress had  
15          the intent to force EEOICP claimants to file  
16          federal lawsuits in order to assure their civil  
17          due process rights are recognized. However, it  
18          is evident that many claimants recognize that  
19          they are being forced to consider filing  
20          (unintelligible) federal lawsuits to assure  
21          that that authentic trier of fact adjudicators  
22          weigh all the evidence. For instance, it is  
23          doubtful that the SEC or the 22 qualifying  
24          cancers interim rule be recognized as the only  
25          aspect to consider by any authentic trier of

1 fact judge or jury, especially skin cancers.  
2 And certain prostate cancers have been  
3 recognized and compensated. The claimants have  
4 been authorized by Congress to act as pro se  
5 parties since October 30th, 2000. The current  
6 U.S. President will likely claim sovereign  
7 immunity and executive privilege, especially  
8 regarding his EEOIC signing statement of  
9 October 28th, 2004. However, many legal  
10 scholars have challenged the President's  
11 premise. The claimants are not obligated to  
12 observe the Price Anderson Industrial Amendment  
13 Act for this EEOIC purpose.  
14 After an independent auditor's many clashes  
15 with the USHHS-NIOSH federal employees  
16 regarding the Special -- Special Exposure  
17 Cohort convers-- controversy, the NIOSH federal  
18 employees still insist they can accurately  
19 reconstruct doth -- dose with little to no  
20 exposure information. The NIOSH premise would  
21 be impossible to defend because the dose  
22 estimates would be unreliable. The details  
23 regard why the current U.S. President's  
24 Advisory Board consultant, Sanford Cohen &  
25 Associates, once again disagree with the NIOSH

1 findings. Then there's a reference to where  
2 you find that.

3 USDOE (sic) agents seem to believe that they  
4 function under the Executive Branch control and  
5 are delegated to interpret the law, which is a  
6 false premise. The primary USDOL  
7 administrators may argue that one of their  
8 subordinates, John Vance, Employment Standards  
9 Administration, who I believe reports to Peter  
10 Turcic, was mistaken when he promulgated the  
11 following statements before the sick  
12 worker/survivor audience, and I quote: We hear  
13 your concerns and we want to help you, but  
14 we're merely an agent of the government, he  
15 said. It's important that you provide us with  
16 the information we request. That was at Oak  
17 Ridge town hall meeting.

18 And then at Richland town hall meeting he said  
19 we come under the Executive Branch and can --  
20 can do nothing to change the intent of the law  
21 after we are delegated to interpret the law.  
22 You aren't delegated to interpret the law. The  
23 Judicial Branch is delegated to do that.  
24 Director Vance feels that the majority of the  
25 members of Congress feel that the DOL is doing

1 a good job.

2 Several federal court judges have already ruled

3 that the U.S. President has no judicial power,

4 neither express nor denied -- or implied,

5 neither Constitutional nor statutory. And

6 since it is designated by the Judicial Branch

7 that the President has no judicial power, then

8 it is for sure that the so -- so-deemed federal

9 caretakers are not granted judicial power,

10 neither express nor imply, either

11 Constitutional or statutory for this purpose.

12 And I must say at this point I have no

13 intention of giving up my civil due process

14 rights for this issue, but I will fight you.

15 Title 28, United States Code 2072, rules of

16 procedure and evidence, power to prescribe.

17 The Supreme Court shall have the power to

18 prescribe general rules of practice and

19 procedure and rules of evidence for cases in

20 the United States district courts, including

21 proceedings before magistrates thereof and

22 courts of appeal. Such rules shall not

23 abridge, enlarge or modify any substanding

24 (sic) right. All laws in conflict with such

25 rules shall be of no further force or effect

1           after such rules have taken effect.  
2           The U.S. Health and Human Services Secretary  
3           and subordinates knew the violations of the  
4           EEOIC claimants substantive and procedural  
5           rights would soon be questioned. The USHHS  
6           agent wanted to wait to deny cancer claims for  
7           whatever intent or purpose they conjured. See  
8           -- this is a -- a -- a Geneva, Switzerland  
9           presentation by NIOSH on August 26th through  
10          30th, 2002. Here's a -- here's a -- an excerpt  
11          from that: We expect at some point that  
12          regulations may face legal challenge based on  
13          procedural understanding -- standing --  
14          substantive grounds. Legal challenges are  
15          unlikely to occur before DOL renders final  
16          decisions denying cancer claims for which dose  
17          reconstructions were conducted. This -- this  
18          will likely be late summer or early fall 2002.  
19          I don't know whether I need to read this to you  
20          or not, but I'll read it anyway, definition of  
21          substantive, in case some of you don't know,  
22          apply to essential legal principles and rules  
23          of right, substantive law. Apply to meth--  
24          procedural applies to methods of enforcement  
25          and rules of procedure. What does the rule of

1           law mean? The rule of law which applies to us  
2           now, the claimants, simply means that the  
3           government should rule in accordance with the  
4           law and not in accordance with the decision of  
5           man.

6           The OCAS director, Larry Elliott, was ousted  
7           from the Advisory Board because of his  
8           conflicts of interest. Larry Elliott has  
9           conflicts of interest with me and my daughter  
10          and my ex-husband. Then who among the  
11          thousands of claimants are compelled to pay any  
12          attention whatsoever to a recused USHHS  
13          representative with conflicts of interest. The  
14          answer would be none.

15          Long ago the United States Department of Energy  
16          dosed reconstruction contractor from the Oak  
17          Ridge Associated -- Associated Universities,  
18          which we call ORAU, or whatever we call it, and  
19          -- contacted me to inform me that there was a -  
20          - was conflicts of interest with my claims. I  
21          was informed by the ORAU executive that my  
22          claims had been turned back to NIOSH.

23          Elliott and his supervisors/subordinates have  
24          definitely demonstrated that they have  
25          conflicts of interest with the organizer,

1 writer and distributor of the September 18th,  
2 2002 SEC petitions, thus obviously each and  
3 every one of them was -- schemed to retaliate,  
4 intimidate and threaten and harass. I don't  
5 get that part of it, never will.

6 Attached to this presentation are -- are  
7 pertinent exhibits that's include evidence that  
8 Larry Elliott had the intent to hide the  
9 September 18th, 2002 SEC petitions out of sight  
10 and mind of those who are mandated to manage  
11 the application papers. Subsequently I am  
12 hand-delivering a copy of the original SEC  
13 petitions to the Advisory Board Chair, Paul  
14 Zimmer (sic), before this assembly of  
15 witnesses. Included in the presentation are  
16 certain exhibits that were confiscated by the  
17 U.S. House Committee on the Judiciary in regard  
18 to certain details of the ousting of the  
19 conflicting Larry Elliott from his -- from this  
20 Advisory Board. Also included are certain  
21 conversations from a sign-on manager of several  
22 petition groups and her declaration regarding  
23 her confrontations with Larry Elliott and his  
24 subordinate, David Sundin. Her name's Vina  
25 Colley. Vina is the P.R.E.S.S. and Nuclear

1 Workers for Justice co-chair who agreed to sign  
2 on to the petitions and contributed supporting  
3 evidence. Sundin is the USH representative  
4 Larry Elliott's subordinate who officially  
5 documented his characteration (sic) of --  
6 characterization of EEOIC claimants before the  
7 Advisory Board on Radiation and Workers Health  
8 May 19th, 2003 in a disgusting manner. He  
9 called us pigs who move through the python, and  
10 his cohort BNFL person called it schemes, at  
11 which -- that's got to be a slow and painful  
12 death. I hope I never have to -- to meet with  
13 a python who swallows me, so -- but I guess I  
14 am. To review these details -- and this is  
15 followed with the URL location of this  
16 documentation where he said this in front of  
17 you, the Board.

18 For -- by consensus, the Advisory Board attempt  
19 to censor public records by destruction mensods  
20 (sic) should be viewed as brazen and deliberate  
21 acts. The Advisory Board members can no longer  
22 guise their destruction of public and official  
23 records as their Privacy Act-protected  
24 business-sensitive and/or housekeeping records.  
25 Talking about one in particular, December 13th,

1           2004. It was supposed to be verbatim meeting  
2           minutes. I happened to record those meeting  
3           minutes, and then they were taken off the  
4           network and put elsewhere and -- and it was  
5           supposed to be public meeting records then.  
6           And I've disclosed this intent to many of my  
7           Congress-people.

8           Commentary: December 13, 2004, the President's  
9           Advisory Board members claim a crucial summary  
10          report redacted data is their product. The  
11          Advisory Board's housekeeping issues are  
12          displayed verbatim as a reason to  
13          censor/destroy public records. The legal  
14          status is aired by the USHHS solicitor of  
15          record. Then two of the most brazen statements  
16          made in those verbatim meeting minutes was  
17          member -- by -- was by member Mr. Griffon and  
18          clerk Cori Homer, the Advisory Board's  
19          assistant. Apparently Homer was given the  
20          authority by the President's Advisory members  
21          to -- to gather and destroy public records that  
22          were wrongfully labeled Privacy Act-protected,  
23          business sensitive or housekeeping -- or a  
24          housekeeping issue.

25          Advisory Board Chair Dr. Zimmer's (sic) topic

1           for deliberation during the meeting regards  
2           individual case dose reconstruction reviews.  
3           Chair Zimmer (sic) filed his mandated waiver of  
4           authenticity that declares that the meeting  
5           minutes are accurate. The December 14th, 2004  
6           public session verbatim meeting minutes are  
7           listed here as a URL location so you can check  
8           it out.

9           Here's what was said. Excerpt, December 13th,  
10          2004 meeting minutes. Mr. Griffon: The one  
11          thing that he said also that I want to  
12          emphasize is that the final summary report is -  
13          - to the public is a Board report, it's our  
14          product.

15          Dr. Mathias (sic) states how is the Board going  
16          to report on this at our public meeting  
17          tomorrow; what are we going to say?

18          Dr. DeHart: This is a housekeeping issue. We  
19          have documents that we may not want to retain.  
20          What -- what should we do that they can be  
21          properly destroyed.

22          Ms. -- Ms. Homer: Give them to me; I'll take  
23          care of it.

24          As indicated by the members, the original  
25          verbatim meeting minutes were altered according

1 to the record notations. Then to this day by  
2 consensus of the members of the Advisory Board,  
3 the original December 13th, 2004 verbatim  
4 meeting minutes are hidden from public  
5 scrutiny. The date reflected regarding the  
6 December 14th, 2004 verbatim meeting minutes is  
7 also dated December 13th, 2004.

8 And like I say, I've noted that with my  
9 Senators and Congressmen and presented evidence  
10 of that, and I'm doing many projects on this  
11 right now as I'm recovering from my illness and  
12 so -- anyway, I'll -- I'll give Mr. Zimmer  
13 (sic) the copy of the SEC and the records that  
14 go with it, and I would appreciate that you --  
15 somebody answers those 7,600 people because a  
16 lot of them are Hanford people that I work with  
17 every day, and we deserve better recognition  
18 than just paying a few of our people, our  
19 cases, and just paying a lot of survivors --  
20 which they're deserving, but we need to pay  
21 some more cases, and one of them's my  
22 daughter's and mine, so -- anyway, I'll -- I'll  
23 bring --

24 **DR. ZIEMER:** Can we have a -- is this a full  
25 copy of your comments? 'Cause I want to

1 provide these also to Ray so that they show up  
2 in the transcript correctly.

3 **MS. OGLESBEE:** (Off microphone)

4 (Unintelligible)

5 **DR. ZIEMER:** Okay. Thank you.

6 **MS. OGLESBEE:** (Off microphone)

7 (Unintelligible)

8 **DR. ZIEMER:** Your presentation's in the  
9 envelope, okay. Thank you very much.

10 Now let me ask if -- if there are any folks on  
11 the phone lines that had comments?

12 (No responses)

13 Okay, apparently not. Then we'll take a 45-  
14 minute recess and reassemble at 5:00 o'clock  
15 for the additional public comments. Thank you  
16 very much.

17 (Whereupon, a recess was taken from 4:15 p.m.  
18 to 5:00 p.m.)

19 **DR. ZIEMER:** Good evening, everyone. Thank you  
20 for coming this evening for this public comment  
21 session of the Advisory Board on Radiation and  
22 Worker Health. My name is Paul Ziemer. I  
23 serve as Chairman of this Board. I want to  
24 take a minute or two and tell you a little bit  
25 about what this Board does and what it doesn't

1 do 'cause you may -- may not know why we're  
2 here. Well, you sort of do, but this Board is  
3 not part of the federal government, per se. We  
4 are independent. We've been appointed to look  
5 over the shoulders of some federal agencies;  
6 more specifically, NIOSH and the Health and  
7 Human Services part of the compensation  
8 program.

9 The people you see before you come from a  
10 variety of backgrounds. Most of them are not  
11 with the federal government, or at least not  
12 directly. For example, I'm a retired faculty  
13 member from Purdue University. My area of  
14 interest and training is in health physics.  
15 And usually when I tell people I'm in health  
16 physics, they don't know what that is, but I  
17 know that people in Hanford do, so I'll leave  
18 it at that.

19 Let -- let me -- and the list of the Board  
20 members is on the back table if you want to get  
21 one later, but let me introduce Josie Beach is  
22 here. Josie is local. She works for CH2M Hill  
23 Hanford group, so she's very much at home here  
24 in Richland area.

25 Mike Gibson over here is a retired electrician

1 from the Mound facility. He also at Mound  
2 served as president of the PACE Local -- or  
3 vice president of the Pace atomic workers  
4 council.

5 Mark Griffon -- where's Mark? Okay, he'll --  
6 he'll be back in a minute. I'll tell you who  
7 he is. Mark Griffon is also a health physicist  
8 and he's an independent consultant.

9 Dr. Jim Lockey -- we've lost Dr. Lockey. Okay,  
10 well, these -- these guys'll have a demerit for  
11 coming in late, but Dr. Lockey is an  
12 environmental health physician and is located  
13 at the University of Cincinnati.

14 Robert Presley, right here, from Oak Ridge,  
15 Tennessee -- or at least he worked there a lot.  
16 He's -- he's now with a group called Pro 2  
17 Serve Professional Projects Services, and  
18 that's in Oak Ridge, but a long-time Y-12  
19 worker.

20 Dr. Jim Melius is right here behind me. He's  
21 both -- he's a double doctor, M.D./Ph.D., so --  
22 but Jim is a director of the New York State  
23 Labor Health and Safety Trust Fund.

24 Wanda Munn is a local person, retired from  
25 Hanford, a nuclear engineer.

1           Who have I left out? Dr. John Poston,  
2           professor, also of health physics, at Texas  
3           A&M.

4           And Phillip Schofield is right here, and  
5           Phillip is from the Los Alamos area. He's  
6           basically worked in the Los Alamos facilities  
7           for a number of years and now is on medical  
8           leave.

9           We have a couple of our members who could not  
10          be here tonight. Dr. Gen Roessler, who's a  
11          retired faculty member from the University of  
12          Florida, although she may be on the phone; she  
13          was earlier. Dr. Roessler, are you on the  
14          phone?

15                               (No response)

16          Okay, perhaps not. Okay, and Dr. Lockey, who  
17          we introduced, has now arrived. Jim, I --  
18          embarrass you a little bit, but there he is,  
19          from Cincinnati.

20          This Board is trying to assist the operation of  
21          the compensation program, which for many people  
22          is a frustrating program. We know that a lot  
23          of folks have waited months and years for  
24          things to be processed. We're trying to  
25          identify issues that we can help with. We

1           don't deal -- we don't -- we don't figure out  
2           the -- the individual cases. This Board does  
3           not deal with the individual cases. We are not  
4           an appeals board. We are a board that looks at  
5           how the dose reconstructions are done. We look  
6           at the contents of the site profiles and the  
7           related documents and try to give sound advice  
8           on -- where we can on what might improve the  
9           program.

10          So part of the -- part of the advantage and the  
11          reason for having public comment is to get  
12          feedback, feedback from those around the  
13          facilities -- who are usually claimants -- who  
14          can give us insight as to how things are  
15          working or, in some cases, not working,  
16          depending on -- on how it's going for you. But  
17          we want to hear what you have to say.

18          We've found that we have had to impose a time  
19          limit. We don't like to do this, but some  
20          folks have -- some folks are like me; once they  
21          get started, they have a hard time stopping.

22          I'm used to speaking in 50-minute segments.

23          But we've had to impose a ten-minute time  
24          limit, so in order to respect others who may  
25          wish to speak, we ask you to try to adhere to

that. If you have very lengthy comments, we can -- we can enter them into the -- you can leave additional written things with the Board and we can enter that into the record. But if you would, please hold your -- your oral comments to about ten minutes.

Now that is not an -- that's not a time objective to be achieved. That's sort of an upper limit. So if you can do it in less, that will be great.

We want to start out tonight to hear from your local representative, who's Doc -- Doc Hastings, and representing him here tonight is Barb Lisk, who's district director for Representative Hastings. So Barb, welcome.

**MS. LISK:** Thank you. Oops, that's a good start.

(Pause)

Okay, is this on? Okay, good. Thank you, Dr. Ziemer.

I have a letter from the Congressman to read. There -- there is also a copy of this letter for the Board and for the people in the audience, on the back table here, as well as a handout from the Congressman.

1           This letter is addressed to Dr. Ziemer and Dr.  
2           Howard.

3           Dear Dr. Ziemer and Dr. Howard. I write in  
4           strong support of careful, fair and timely  
5           consideration of each of the Special Exposure  
6           Cohort petitions filed for Hanford workers. In  
7           addition, I urge you to closely consider public  
8           comment brought before the National Institute  
9           for Occupational Safety and Health and the  
10          Advisory Board on Radiation and Worker Health  
11          regarding benefits for Hanford workers.

12          As one of the sponsors of the Energy Employees  
13          Occupational Illness Compensation Program Act,  
14          I wholeheartedly believe that the federal  
15          government has a moral responsibility to aid in  
16          the care of those and their families who have  
17          been made ill as a direct result of their work  
18          in service to our nation. Our nation owes a  
19          debt of gratitude to Hanford workers for their  
20          contributions to our security and environmental  
21          cleanup.

22          Since the creation of -- I'm going to say this  
23          out every time. Since the creation of the  
24          Energy Employees Occupational Illness  
25          Compensation Program, I have closely monitored

1           the federal government's implementation of the  
2           program. As the federal government considers  
3           critical benefits for Hanford site workers, be  
4           assured that I will continue to closely monitor  
5           any decision on compensation for Hanford  
6           workers.

7           One of the ways the Energy Employees  
8           Occupational Illness Compensation Program Act  
9           can better serve Hanford workers is for both  
10          the National Institute of (sic) Occupational  
11          Safety and Health and the Board to carefully  
12          consider the information gained during outreach  
13          meetings on the Hanford Special Exposure  
14          Cohort. When local concerns are raised, I  
15          fully expect the National Institute of (sic)  
16          Occupational Safety and Health and the Board to  
17          pursue and follow up with those concerns.  
18          Specifically, I am aware of local concerns  
19          about dose monitoring at Hanford, including a  
20          lack of information on photon exposure caused  
21          by a phenomenon known as directional shine. In  
22          addition, the carcinogenic chemicals used at  
23          Hanford should also be investigated --  
24          investigated as these chemicals do not show up  
25          on standard dosimetry equipment, but may

1 contribute to the development of cancer.  
2 I urge the Board and the National Institute of  
3 (sic) Occupational Safety and Health to  
4 carefully examine such issues, and other local  
5 concerns, as they would have a role in  
6 justifying the Special Exposure Cohort class  
7 for Hanford workers. The Hanford Special  
8 Exposure Cohort petitions before the Board and  
9 the National Institute of (sic) Occupational  
10 Safety and Health offer the opportunity for  
11 many workers and their families to finally have  
12 their claims resolved in a timely manner.  
13 For those who sacrificed for our nation at a  
14 very real cost to their health, they certainly  
15 deserve just and timely compensation.  
16 Thank you for your consideration of these  
17 concerns and, more importantly, the concerns of  
18 my constituents. Sincerely, Congressman Doc  
19 Hastings.

20 Thank you.

21 **DR. ZIEMER:** Thank you very much. I have a  
22 couple of sign-up sheets where individuals here  
23 tonight have indicated their desire to speak to  
24 the assembly. I wonder if there are any here  
25 who missed the sign-up sheet but did wish to

1 speak. If you -- if -- if you are in that  
2 category and will raise your hand, we'll --  
3 we'll have -- Mr. Hinnefeld will get you the  
4 sign-up sheet.

5 Are there any -- anyone -- okay, there are some  
6 that need to sign up on the sign-up sheet, so  
7 he'll bring that in here shortly and we'll get  
8 that second sheet --

9 **UNIDENTIFIED:** (Off microphone)

10 (Unintelligible) see hands one more time?

11 **DR. ZIEMER:** Yeah. Okay, there's one -- one  
12 back there, catch that one, and one over here.  
13 Okay.

14 Now let me -- we'll begin then with Mary Ann --  
15 Mary Ann Carri-- Carrico -- Carrico.

16 **UNIDENTIFIED:** (From the audience and off  
17 microphone) (Unintelligible)

18 **DR. ZIEMER:** Oh, tomorrow night. Okay, that'll  
19 be fine. Rosemary, what -- tomorrow night for  
20 you? Okay.

21 Come back tomorrow night to hear those two.  
22 Okay.

23 **UNIDENTIFIED:** Excuse me, Dr. Ziemer?

24 **DR. ZIEMER:** Yes?

25 **UNIDENTIFIED:** Is there a way that the people

1           that are waiting on the telephone can also be  
2           signed up to speak?

3           **DR. ZIEMER:** I -- I have -- I have some names.  
4           I -- I have Kay Barker and -- who's speaking?

5           **MS. FEIRING:** Joanie Feiring.

6           **DR. ZIEMER:** Yes --

7           **MS. COLLEY:** (Unintelligible) Colley.

8           **DR. ZIEMER:** Yes. In fact, why don't you go  
9           ahead, and give us your name again for our  
10          recorder.

11          **MS. FEIRING:** Me?

12          **DR. ZIEMER:** Yes.

13          **MS. FEIRING:** Joanie Feiring? Okay. I'm from  
14          -- well, let me -- I'm going to let Vina Colley  
15          speak before I speak because she's the  
16          president of the organization I'm working with.

17          **DR. ZIEMER:** Okay.

18          **MS. COLLEY:** Go ahead, you can speak, 'cause I  
19          kind of wanted to wait till Gai got up and  
20          spoke.

21          **MS. FEIRING:** Oh.

22          **MS. COLLEY:** If that's all right.

23          **DR. ZIEMER:** Okay, why don't -- why don't --  
24          why don't you stand by and we'll get some of  
25          the local folks here that are present, and then

1 we'll come back to Kay Barker on the phone.  
2 Kay's in -- probably in Denver, I think, with  
3 the Rocky Flats folks, so --

4 **MS. BARKER:** Yes, I am --

5 **DR. ZIEMER:** -- let's hear --

6 **MS. BARKER:** -- Dr. Ziemer.

7 **DR. ZIEMER:** Right. We'll hear from some of  
8 the Hanford folks here first who've come here  
9 especially tonight.

10 **UNIDENTIFIED:** Okay. We're from Portsmouth.

11 **DR. ZIEMER:** Okay, stand by just a moment.

12 (Pause)

13 Who's -- who is the next one, Stu, on that  
14 sheet? Who's the top name there?

15 **MR. HINNEFELD:** Charles Shatell.

16 **DR. ZIEMER:** Charles Shatell?

17 **MR. HINNEFELD:** I believe it's Shatell.

18 **MR. SHATELL:** Yeah, that's me.

19 **DR. ZIEMER:** Okay, go ahead, sir.

20 **MR. SHATELL:** I guess I'm on.

21 **DR. ZIEMER:** You're on.

22 **MR. SHATELL:** Okay. I talked this afternoon to  
23 people and I didn't realize that this 5:00  
24 o'clock thing was where I had a right to talk.

25 **DR. ZIEMER:** And you have a better -- bigger

1 audience, also, so that's good, too.

2 **MR. SHATELL:** So at least -- I came to the  
3 Hanford project in 1944. I've been around a  
4 long time. And the 31st of this month I will  
5 be 90 years old, so -- so I been around a long  
6 time.

7 Now in 1948, that's when I came back from the  
8 DuPont Company. I was one of these guys that  
9 DuPont found out that I could have a top secret  
10 clearance, and so they sent me all over the  
11 doggone country where they had top secret work.  
12 But anyhow, in 1948 I came back here, and at  
13 that time the project out here needed a lot of  
14 workers because their radiation thing was  
15 getting pretty high. So they got the Jones  
16 Company to come in and re-bid the thing for  
17 doing the radiation work.

18 And now I been with NIOSH for many, many year,  
19 and they wrote a letter to the Labor Department  
20 when they were let out of it and -- and the  
21 Labor Department took over. So I was trying to  
22 find that letter so I could bring it out here  
23 tonight to read it to you, but anyhow, in my  
24 goings on here with -- on the Hanford project  
25 and with the Jones Company, I -- six times I

1           was over-radiated with different parts on -- on  
2           the project. Most of this came at  
3           (unintelligible), and so when NIOSH wrote a  
4           letter to me and a copy to the Labor  
5           Department, they said that it looked like that  
6           they (sic) would be a lot of money changing  
7           hands here. And so the first thing that the  
8           man that was sitting right up there from the  
9           Labor Department said NIOSH didn't have any  
10          right in the world to -- saying what they did,  
11          so you might as well say it right now, you're  
12          not going to get any money. Now that's what he  
13          told -- well, I wasn't here to get money. I  
14          was here to make a thing of what had really  
15          happened on radiation.

16         And so anyhow, there was a whole lot of people  
17         in this room and this boy from the Labor  
18         Department says if any of you are in here  
19         because of the prostate cancer, you're not  
20         going to get any money so you might as well  
21         leave, and about half of them left. So anyhow,  
22         from that time on, I was -- of course worked  
23         with NIOSH and everything, and in '48 I got  
24         back with the Jones Company and we did a lot of  
25         the radiation work because operations people,

1           they were burnt out and didn't have the -- the  
2           operation.  
3           So now -- I retired in '79, and when I retired  
4           then I had a physical examination and  
5           everything and I found out that I did have  
6           problems with my prostate. So anyhow, when --  
7           the doctor said well, we'll -- we'll take --  
8           checking on it and everything, so they did and  
9           he took things of my prostate and they found  
10          out that I had cancer, a four plus four cancer.  
11          Now I don't know how many of you maybe are  
12          doctors or whatever, but a four plus four  
13          cancer is pretty (unintelligible), pretty  
14          stout. And so what -- we sent the thing in to  
15          Richland and then they sent it in to someplace  
16          in Connecticut, I believe, and -- to find out  
17          just exactly what it was, the four plus four.  
18          And so -- then it came back and it said -- and  
19          the doctor said well, we got to do something.  
20          There's three things that we could do. If you  
21          -- we could take your prostate out. That costs  
22          \$50,000. Or you can go and get radiation and  
23          that costs \$35,000 to take the radiation the  
24          rest of your life. Or you could have this  
25          Lupron shots. We've had good luck with them.

1           And so I said well, I'll try the Lupron shots.  
2           Well, the Lupron shots only cost \$2,370 a shot  
3           and so I took that shot.

4           So I've had this now ever since 2001. I've  
5           been taking those shots every four months all  
6           the way -- thing, and sometimes the doctor  
7           won't be here and I'll miss a shot. Well, if I  
8           miss a shot my PSA goes clear through the roof.  
9           And so then when I take a shot again it comes  
10          back down.

11          But still the same time when -- the reason that  
12          I got this cancer to start with is we were  
13          working with (unintelligible), and we had 400  
14          valves that had to be removed and so we removed  
15          them. Now people out there never told us that  
16          they had fuel elements that was rated 550 R.  
17          When we got clear through it and we were clear  
18          down to the end and we found out, the boy from  
19          the R monitor using this scintillator found out  
20          that parts of the valve read 550 R. Now people  
21          that know what 550 R means, it was pretty  
22          rough. The engineers that was there, when that  
23          came up and they said 550 R, they all laughed.  
24          They did -- nobody wanted to be around that 550  
25          R.

1           So anyhow, we worked a deal and got the valves  
2           taken care of finally and so -- and after --  
3           then my -- my cancer -- cancer that I've got,  
4           and here it is 2000 and almost 8, and I've  
5           still got the cancer and I have to take the  
6           shot every four months and it's getting pretty  
7           high. I think it's tied to the stock market  
8           'cause sometimes it's \$2,400 and other times  
9           it's \$2,370. And of course then the doctor has  
10          his part, too. So it is kind of a -- we are  
11          spending a lot of money. My -- my insurance  
12          right now is \$700 a month.

13         So I just wanted to come back here tonight and  
14         tell you about this. Now as far as money goes  
15         is concerned, the Labor Department in Seattle,  
16         they tell me everybody has prostate cancer.  
17         We're not going to give you any money. That's  
18         the first thing they tell me. Well, I didn't  
19         ask them for money, to start with. But I --  
20         the government did that. And so anyhow, here I  
21         am. I'm going to be 90 years old, as I say,  
22         this (unintelligible) week, and I'm still  
23         taking my shots every four months. And I'm  
24         just like a woman is that's -- that has her  
25         change of life. These shots that I take every

1 four months, then I -- I get like a change of  
2 life. I get hot shots in my -- in my arms and  
3 -- and stuff, so I have to take a pill  
4 sometimes. And so -- and then the shot --  
5 every once in a while you get a red spot in  
6 front of one of your eyes. So that's what I'm  
7 up against and, as I say, it's costing me a lot  
8 of money, but so be it.

9 But I think the Labor Department in Seattle,  
10 they're not doing a good job that I think they  
11 should do because the -- the first thing they  
12 tell you, just like everybody that goes in  
13 there is trying to get money out of them, I  
14 guess. Well, that wasn't what my interest was  
15 in the thing. But anyhow, here we are and I  
16 think the Labor Department ought to be ta--  
17 having another look at what they're doing  
18 because there is a lot of people that have  
19 contacted me that -- that can't get up and say  
20 anything, maybe. I don't know.

21 **DR. ZIEMER:** Okay. Thank you very much. Next  
22 we'll hear from Kathryn Guffey. Kathryn?

23 **MS. GUFFEY:** Okay. I have filed for -- on my  
24 husband and this is not in protest or anything  
25 regarding his -- expecting you to do anything

1           because I don't expect a whole lot from anybody  
2           right now. I've been -- the paperwork that was  
3           sent to me is just unbelievable. I mean what -  
4           - he's dead, by the way. It sta-- and it --  
5           he's -- worked out there for over 20 years.  
6           But they sent paperwork to me that I'm supposed  
7           to know what he was working on and what  
8           particular area, what chemicals, what this and  
9           what these things were made up with, and I'd  
10          imagine some of you physics -- physicists and  
11          doctors would have a hard time figuring some of  
12          that crap out. I mean it's a joke. But I'm  
13          going to keep on till I do. I mean I don't sit  
14          down and walk away.

15          OCAS is responsible for conducting the  
16          occupational dose reconstructions for certain  
17          workers with cancer who file claims under the  
18          Act, and in accordance with the methods  
19          published in 42 CFR 82, dose reconstructions  
20          will be performed for covered employees with  
21          cancers that are not members of Special  
22          Exposure Cohort. As employees with cancer who  
23          are not members of Special Exposure Cohort as  
24          defined in the Act, SEC members with certain  
25          specified cancers do not require dose

1           reconstructions to qualify for compensation,  
2           but I can tell you now that I know of quite a  
3           few that di-- have -- that are under that  
4           umbrella that have been denied. And the basic  
5           principle for the dose reconstruction is to  
6           characterize the occupational radiation  
7           environment to which workers were exposed using  
8           available worker and workplace monitoring  
9           information. And that's kind of a joke most of  
10          the time.

11          In cases where radiation data default values  
12          based on reasonable scientific assumptions are  
13          used as substitutes -- we're not dealing with  
14          assumptions, we're dealing with people's lives  
15          -- the results of worker dose reconstruction  
16          will be used by the Department of Labor to  
17          determine the probability that the worker's  
18          cancer was at least as likely as not due -- and  
19          that's out of some of their literature -- due  
20          to his or her occupation exposure to ionizing  
21          radiation during employment at a covered  
22          facility, criterion guidelines so forth and so  
23          on.

24          Compensation has been reportedly denied 60  
25          percent of 72,000 workers processed by U.S.

1 regulators involved in cold war nuclear  
2 weapons. The *Washington Post*, however, said  
3 that -- that only 21 percent of those  
4 applicants have actually received a check from  
5 the compensation program that was unveiled in  
6 1999 by Bill Richardson, who was the Energy  
7 Secretary at the time and is now Governor of  
8 New York (sic). [Name Redacted], 52, who  
9 worked at the Savannah River nuclear weapons  
10 plant in South Carolina was so contaminated  
11 that radiation alarms at the facility would  
12 typically go off when he walked through, the  
13 newspaper said. Doctors later discovered 19  
14 malignant tumors on his bladder. One claim for  
15 compensation was denied because he could not  
16 access secret government files or sections of  
17 his own personnel files. Without the records  
18 he could not prove the cause of his cancer.  
19 And that's what I'm running up against, the  
20 proof. The proof is the real issue, and  
21 Hanford is the one providing the information  
22 that our proof has to stand on when we go -- or  
23 answer any of this inf-- these letters or this  
24 correspondence. Now whether their proof --  
25 their proofs don't sta-- won't stand up to the

1 statistics. The prostate cancer alone has  
2 proven that because one out of 500 is supposed  
3 -- under the age of 70 is supposedly -- only  
4 supposed to get prostate cancer, and about half  
5 of the 30 or so men that my husband worked with  
6 out there have prostate cancer. Now I'd like  
7 for someone to explain those statistics to me  
8 because I don't get it. If one out of 500, and  
9 you've got a -- men of a group -- a group of  
10 about 30 that's -- half of them have prostate  
11 cancer, something's wrong.

12 Now we've requested some information from Fred  
13 Hutchinson Cancer Research, but Fred Hutchinson  
14 was rejected by the government as being faulty  
15 in its methodology, in spite of the strong  
16 connection between radiation and related  
17 exposures and cancers and were well-documented.  
18 And the researchers and analysts were convinced  
19 the connection was proven. Fred Hutchinson's  
20 will also have probability charts on persons  
21 getting for-- various forms of cancer. And I  
22 feel like there's probably other cancer  
23 research places out there that will support  
24 this information as well, but I think that you  
25 as a group, if you're going to represent these

1 people, then you need to get with the people  
2 and know their individual needs. And you need  
3 to go out there -- if you haven't ever been out  
4 there and been exposed and if you've never been  
5 around those situations, then I have a hard  
6 time knowing how you're going to be able to  
7 help us. I mean it's a question, but it's also  
8 an answer. If you are not and have not ever  
9 been in those situations, you've never climbed  
10 up under those buildings in those tunnels where  
11 radiation dust and stuff has settled there for  
12 years and years, how are you going to be able  
13 to tell these people they are or are not  
14 contaminated? A dosimeter (sic) around their  
15 neck does not protect the rest of their body.

16 **DR. ZIEMER:** Okay. Thank you, Kathryn. Next,  
17 Chris -- looks like Janos?

18 **MR. JANOS:** Yes.

19 **DR. ZIEMER:** Yes, Chris.

20 **MR. JANOS:** Now I'm the authorized  
21 representative for my mother, Wanda Janos, and  
22 we're case [Redacted] with NIOSH. The one  
23 thing I wanted to -- well, first of all I  
24 wanted to thank you for coming to the Tri-  
25 Cities, and we've waited for you guys to be

1           here for a while and it's nice to have you  
2           here. The -- and I understand a lot of our  
3           complaints are with the Department of Labor.  
4           I've gotten some nasty letters, too, that kind  
5           of indicate, you know, burden's on you; go find  
6           the data. And we all know that -- and finally  
7           NIOSH did admit that the DuPont records were  
8           destroyed. So all evidence of reactor failures  
9           and other exposures to people who took off  
10          their dosimeter reading materials to be  
11          patriotic have disappeared.

12          So the one technical issue that I have, and  
13          I've never gotten a good answer to this, it's  
14          my understanding that the B reactor and all of  
15          its cloned sister and brother reactors -- the  
16          D, E and F and K -- had a serious design flaw.  
17          And that is most of the time, especially if  
18          they're pushed to maximum performance, as they  
19          were in war time, the core got too hot. As a  
20          matter of fact, the first time that -- that  
21          Fermi started the B reactor, it shut down  
22          automatically, and that's great that it had a  
23          safety thing. But the problem was what  
24          happened. It got so hot that the metal casings  
25          in the center of the reactor, the core, melted

1           and -- revealing the enriched uranium, and it  
2           blew the steam -- with ionized strontium,  
3           cesium and iodine -- right out the back into  
4           the desert. Okay? Ambient vaporized ionized  
5           radioactive material.

6           Now in that case, is dilution the solution to  
7           pollution? I wonder.

8           Now my dad got thyroid cancer in 1948, started  
9           working here in 1944, so he has a good chance  
10          of being in the cohort. However, there are  
11          other issues with thyroid cancer. It's one of  
12          those latency type things, so we may not be in  
13          the window.

14          But I want answers. I mean I would like to  
15          know why no one can explain the ambient issue.  
16          That reactor, between 1944 and 1970, had 1,900  
17          of these fuel rod failures -- cesium,  
18          strontium, iodine in the atmosphere, not good.  
19          Why is it okay that it happened? 'Cause I keep  
20          asking what about the ambient iodine? Iodine -  
21          - you know, radioactive iodine will affect a  
22          thyroid. It will do that.

23          My dad was a reactor supervisor working on site  
24          and inspecting other reactors of this type. I  
25          worry. I want justice.

1           **DR. ZIEMER:** Thank you, Chris. Next, Lloyd --  
2           is it Chalcraf?

3           **MR. CHALCRAF:** Yeah.

4           **DR. ZIEMER:** Lloyd.

5           **MR. CHALCRAF:** I was born in this area. I  
6           remember the first DuPont surveyor that come in  
7           here, and they were disliked very much but they  
8           found out -- a guy in White Bluffs, after they  
9           dropped the bomb on Hiroshima and Nagasaki, he  
10          thought well, we done the job.  
11          But anyway, I went to work out there at Hanford  
12          in -- with the Fire Department for about six --  
13          six months and I transferred over the 200  
14          areas. I worked in S where they's melting  
15          slugs down from -- to take the plutonium out.  
16          Then I got -- they moved us back, they had a  
17          cut-back, and went to 300 area where they was  
18          bringing this uranium in from Ohio, and we had  
19          to handle that uranium by hand and we was  
20          putting it through -- was cutting it into slugs  
21          and we peeled the outside off and we'd get on  
22          fire sometimes. It would go into the water,  
23          but we had to handle all these uranium slugs  
24          and -- which went into the reactors, Ks and the  
25          B, D and R.

1           And in the meantime I got drafted in the Army,  
2           but when I come back -- for the Korean deal.  
3           When I come back I had my seniority that I  
4           carried and I got to go back to the 200 -- 100  
5           areas to work in the reactors. So I worked in  
6           B area, D, DR -- hello, Charlie -- and -- and  
7           all -- and at -- at K East -- I was at K East  
8           (unintelligible) down in March of '71 for the  
9           last time, and I imagine it's still in that  
10          position off the front face. All us folks had  
11          to work on the front and the rear face and  
12          handle that hot stuff and that's -- I took  
13          quite a little radiation. I don't know if  
14          they've got a complete record of it.  
15          And then we -- and I worked on the supplemental  
16          crew, which -- we had to move around from area  
17          to area, so I worked in all the -- all the DR,  
18          Ds, Hs, Fs, Ks, K West, all the areas in  
19          different jobs. And I remember Charlie Shatell  
20          was out there with the -- in the plumbers'  
21          union.  
22          Anyway, that's -- and we had -- when I first  
23          went out there we -- this stuff was coming out  
24          of the stack, we used to have to run around  
25          with something on the ground and pick it up. I

1 think that's what the out-- outsiders that were  
2 hollering about from the east stack out of the  
3 200 area smokestacks.  
4 But anyway, that's -- like I say, I worked in  
5 all of them. In the meantime, I just had  
6 cancer removed. I just got a Kadlec about  
7 three, four months ago and I got to go back in.  
8 They opened me up, took colon cancer out and  
9 now I've got a -- in the meantime I've got to  
10 go back in again because they -- when they put  
11 me together, it came apart, so I've got to go  
12 back in for another operation and so I've...  
13 And my family, in my bloodline, I don't know of  
14 anybody's had cancer. I mean my folks came to  
15 Richland in 1910 and Granddad set up a  
16 blacksmith shop. And by the way, my mother's  
17 brother was the first boy to die out of  
18 Richland, Washington in World War I in 1918. I  
19 didn't realize that till I looked in the old  
20 papers. I remember when the DuPont surveyors,  
21 a little side deal, come into town, was going  
22 to take the property over, my grandmother led  
23 this guy in the house and showed him well, I  
24 lost my son, now you want to take my property.  
25 But after all we -- but I'll put it this way.

1           This thing probably saved a lot of people after  
2           we found out what was going on here. It was  
3           worth the job. It was -- no argument there,  
4           but it was -- the people was pretty shook up  
5           when it first happened, but that's normal. If  
6           you move out, people -- all at once they moved  
7           in like -- in '44 -- '43 they come in. Nothing  
8           was -- went hot till the B area went critical  
9           in 04\*. I've heard them talk about 03\*. There  
10          was nobody -- 'cause I was in school right here  
11          in the Richland grade school and the Corps of  
12          Army Engineers wanted those buildings for  
13          offices, so they closed the school down in May  
14          so they could take over the offices and  
15          everything went -- so -- but that's what I can  
16          remember about it, and it was like an invasion.  
17          And this place was really jumping and they was  
18          really going to work. Morris Knutson\* was  
19          digging ditches out and putting houses in and -  
20          - but I remember as a boy and I -- like I say,  
21          I remember from day one and we -- my -- that's  
22          about all I can say, but I did work in all the  
23          reactors. And by the way, I've talked to this  
24          NOA\* in Ohio -- I made a report to them. You  
25          fellas know where I'm coming from there, so

1           that's all I can say, and I've got a reply back  
2           for certain things, but fella -- that's all I -  
3           - you know what I mean. I'm just -- I wasn't  
4           one of the big wheels out there. I'm just an  
5           ordinary guy. But when we took a lot of  
6           radiation, all this -- bull game we called it.  
7           We had to go to -- every time a reactor down,  
8           we'd have to go there and work on them, so  
9           that's about -- I'm (unintelligible) be taking  
10          more of your time, but I -- that's all I can  
11          say.

12       **DR. ZIEMER:** Okay. Thank you very much.

13       **MR. CHALCRAF:** I got to go back to Kadlec and  
14          get my stomach worked on next -- week from  
15          today.

16       **DR. ZIEMER:** Okay. Thank you. Let's go back  
17          for a moment and check -- Kay Barker, are you  
18          on the line?

19       **MS. BARKER:** Yes, Dr. Ziemer, I am.

20       **DR. ZIEMER:** Kay, would you like to proceed  
21          with your comments?

22       **MS. BARKER:** Yes, thank you very much. Good  
23          evening, Dr. Ziemer and members of the Board.  
24          I would like to thank Dr. Wade for allowing me  
25          a couple minutes of your time to make my public

1 comment via the telephone this evening.  
2 I would like to talk about conflict of  
3 interest. You're all well aware of the  
4 numerous times we have brought up the Neutron  
5 Dose Reconstruction Project conflict of  
6 interest for Rocky Flats. I would strongly  
7 suggest that the Hanford claimants be vigilant  
8 (sic) for conflict of interest issues with  
9 their petition.

10 I notice that Dade Moeller and Associates are  
11 part of the ORAU team responsible for dose  
12 reconstruction and evaluating SEC petitions.  
13 But -- and this is a big but -- they also have  
14 a DOE contract with Hanford for radiation  
15 safety and protection issues. Wouldn't this be  
16 like the fox guarding the henhouse if ORAU  
17 investigates one of their own for accuracy?  
18 You may remember that the Rocky Flats SEC  
19 petition was fraught with conflict of interest  
20 issues that were largely ignored by NIOSH and  
21 the Board.

22 One last comment I would like to make is how  
23 outrageous I believe the \$1,558 bill to  
24 (unintelligible) I received from the CDC is.  
25 This bill is in response to a FOIA I sent to

1 Mr. Sundin September 1, 2006, with a reminder  
2 again on May 17th, 2007. I requested  
3 information from the logbooks that NIOSH looked  
4 through while at the Federal Center in Denver.  
5 I felt I was just as much entitled to this  
6 information as NIOSH was. Since they are  
7 records I need for my claim, I should not be  
8 charged for them, especially since it was not  
9 my fault I don't have access to this  
10 information. But if I want this information it  
11 will cost me. Why do I have to pay for  
12 information that NIOSH can use against my  
13 claim? This action will affect all other  
14 claimants that are not part of an SEC petition,  
15 as well.

16 Thank you for this time. Kay Barker, Rocky  
17 Flats claimant and ANWAG member. Thank you,  
18 Dr. Ziemer.

19 **DR. ZIEMER:** Okay. Thank you, Kay. Now let's  
20 see, Vina Colley? Is it --

21 **MS. COLLEY:** I was kind of wanting -- has Gai  
22 Oglesbee -- has she spoke yet?

23 **DR. ZIEMER:** Let's see, Ms. Oglesbee spoke  
24 earlier to us.

25 **MS. COLLEY:** Oh, okay.

1           **DR. ZIEMER:** So actually it was -- we ended up  
2           -- we ended our other meeting earlier and she  
3           was here and requested that she be able to  
4           speak at that time, so we heard from her  
5           earlier this afternoon.

6           **MS. COLLEY:** Okay. Well --

7           **DR. ZIEMER:** And she -- and she gave me a note  
8           here to let you know that she's already spoken.

9           **MS. COLLEY:** Okay. Well, I would like to thank  
10          you for letting me speak, and my name is Vina  
11          K. Colley and I'm a former electrician that is  
12          still on the recall list from the Portsmouth  
13          Gaseous Diffusion Plant located in Piketon,  
14          Ohio. Due to the chemical and radiation  
15          exposures, I've spent the last 20-some years of  
16          my life in and out of the hospital and health-  
17          pertaining. I spend much of my time gathering  
18          documents about the Portsmouth site and other  
19          nuclear sites in an attempt to understand what  
20          has dramatically degraded my health, and others  
21          that have or are presently working at the  
22          facilities.

23          In 1999, due to the releasing of our documents  
24          that we had plutonium from recycled fuel from  
25          Hanford Woods Val-- Hanford, Woods Valley, New

1 York, the Department of Energy admitted that it  
2 knowingly exposed workers to neptunium and  
3 plutonium, along with all the other radioactive  
4 and toxic chemicals, while employed at the  
5 Portsmouth site. With the releases of  
6 plutonium documents, it helped start the  
7 compensation deal, which started this sham of  
8 the dose reconstruction.

9 Earlier today I heard them talk about the  
10 urinalysis test. Well, urinalysis needed to be  
11 taken at the beginning of the shift and also  
12 should have been taken at the end of the shift.  
13 Sometimes workers like myself and others, we  
14 never had a urinalys (sic) test for over a  
15 year, sometimes a year and a half. We all know  
16 that what the mistakes in the law are probably,  
17 you know, deliberate. And we need to extend to  
18 the families -- we need to extend to family  
19 needs, adding that I may suggest a primary  
20 political force to get convers-- get  
21 conversion, Republican, Democrat, whoever,  
22 involved in this.

23 We need to add infant mortality to the  
24 compensation act, and at least for the female  
25 workers there is a study called "Mortality

1           Among Female Nuclear Studies" and it should be  
2           added to this compensation. There was a lot of  
3           things, problems that they found in the  
4           females. I know when we testified here at  
5           Piketon, [Name Redacted] had six women who  
6           worked in her department and five of them had  
7           total hysterectomies. I had a total  
8           hysterectomy.

9           And I would like to comment on Gai Oglesbee  
10          coor-- coordination of the submission of the  
11          SE-- SEC petition in good faith. It was on --  
12          by September 18th, 2002. The petition covered  
13          a wide range of metorius (sic) classes across  
14          the nation who were and are permitted by the  
15          assignment government caretakers from defending  
16          the causation. This petition represented over  
17          7,600 petition, many P.R.E.S.S. members and  
18          Nuclear Workers for Just-- Justice who agreed  
19          to sign on to the petition, cont-- we  
20          contributed, supporting the evidence and Gai  
21          Oglesbee wrote the petition. And so we -- we  
22          think that the petition should still be good to  
23          cover these some 7,600 petitioners. Of course  
24          many of them have passed on now.

25          The Portsmouth site, I've been told just here

1 recently, according to a 1990 GAO report, has -  
2 - was the second on the list for the most  
3 serious problems. And an attorney, [Name  
4 Redacted] of the Chesney\* firm, said that the  
5 report was documented March of 1990. And ATSDR  
6 came to our site. They claim that we have no  
7 health problems, we have no problems off-site,  
8 but Piketon is a special cohort site. And a  
9 1985 GAO report states that the Piketon workers  
10 have the highest exposures of all the gaseous  
11 diffusion plants.

12 I can understand they put us in an open system,  
13 like a gas chamber, but they didn't turn on the  
14 gas. They just let us die one by one, slow,  
15 slow pain, death. And what do the criminals  
16 want to do? Study us to death with more dose  
17 reconstructions for jobs. I've been waiting  
18 since 1985 for compensation and for the company  
19 to do the right thing. But here it is 2002  
20 (sic) and that hasn't happened yet. My  
21 application had -- received a positive  
22 termination in 2004 for chronic bronchitis and  
23 depression from an independent physician panel.  
24 Then my records were locked up until 2007.  
25 This means that the panel has concluded that

1           the toxic exposure to chemical substance the  
2           DOC (sic) was significant factor aggravating  
3           contributing to the cause of the illness or  
4           which my claim was filed. There was an award  
5           in 2004. In 2007 I finally got a medical card  
6           for chronic bronchitis after many e-mails,  
7           phone conversations and getting my records  
8           locked up. I have been waiting now for seven  
9           years. Some more results about the claim is a  
10          criminal act to keep causing me so much stress  
11          with a low immune system, heart problems, toxic  
12          neuropathy, lung problems and thyroid problems,  
13          and now have to worry about breast cancer and  
14          my two nodules that I scared -- scared to have  
15          them to look at them.

16          There are many things also that has been  
17          awarded by state compensation that the  
18          physician's panel hasn't recognized. And in  
19          2000 my records went to a nurse in Washington,  
20          D.C. She saw all of these problems that I was  
21          having and she said that her boss told her that  
22          Gai Oglesbee and I were two nut cases. But she  
23          looked through my records and she saw there was  
24          plenty of documentation, you know, from the  
25          doctors that we had these problems. She sent

1 me a signed FedEx paper to sign to get my  
2 records, all okayed with the medical conditions  
3 to the physician's panel. She was fired. My  
4 records were locked up. I had my records  
5 unlocked again.

6 Then when my records went to the physician  
7 panel, I only was awarded two of the illnesses.  
8 Then my records were locked up from 2004 to  
9 2007.

10 My problems that I have and many of my  
11 coworkers are low immune system, heart  
12 problems, toxic neuropathy, lung problems --  
13 you know, how -- how much more stress is the  
14 government going to do -- give us by continuing  
15 to study us? Can anyone in that room explain  
16 to us why they want to keep studying us? You  
17 know, when I heard them today about this dose  
18 reconstruction, I wanted to sit down and just  
19 cry. I can't believe that we are cold war  
20 heroes and our government has no more respect  
21 for us than this. And if the Piketon workers  
22 can't be considered -- we're not even listed on  
23 the Super Fund list, even though we are second  
24 of one of the worst sites in the world. No one  
25 has ever recognized us as being that.

1           **DR. ZIEMER:** Okay.

2           **MS. COLLEY:** So if we can't get toxic chemical  
3 illnesses compensation, how are these other  
4 workers going to get it?

5           **DR. ZIEMER:** Okay. That's a --

6           **MS. COLLEY:** Let's do away with the dose  
7 reconstruction and let's give these workers  
8 their compensation, and let's give them the  
9 medical card. We told you that back in 2000 we  
10 didn't want to be tested anymore. Before 2000  
11 I had been tested by some 100 doctors in the  
12 state of Ohio to the workers compensation for  
13 toxic chemical and illnesses. I didn't want to  
14 be tested anymore. If you had give all these  
15 workers a medical card and \$150,000, you would  
16 have been better off today. But now \$150,000  
17 is just a piece of dirt to what -- financially  
18 burden that you've put us in.

19           **DR. ZIEMER:** Okay.

20           **MS. COLLEY:** It's not only just me. It's all  
21 the workers, the Piketon workers, Oak Ridge  
22 workers, Hanford workers. We're all special  
23 cohorts. The government put us in this stuff.  
24 They knew it was there. They never told us.  
25 It's time for them to do the right thing.

1           **DR. ZIEMER:** Okay. Thank you for your  
2           comments, Vina.  
3           Are there any others on the telephone that wish  
4           to comment?  
5           **MS. FEIRING:** Yes, this is Joanie Feiring.  
6           **DR. ZIEMER:** Joanie, go ahead.  
7           **MS. FEIRING:** I'm Joanie Feiring. My father  
8           worked at the Piketon plant from 1954 to 1964.  
9           He died with four different cancers --  
10          prostate, bone, lung and skin. I've been  
11          working with Vina Colley on these issues here  
12          in Portsmouth, Ohio and I want to say something  
13          about -- as well as that situation, the  
14          secondary exposures, which is just really  
15          starting to come to the light.  
16          My mother had washed my father's clothes for  
17          ten years. She complained about the dust that  
18          was on them. And she died younger than he did  
19          -- than he did. She was 59, she had an  
20          endometrial cancer which doctors in Michigan  
21          had never even seen before and they didn't even  
22          know how to treat it. They -- they treated it  
23          with a treatment they actually named after her  
24          later.  
25          All of my sisters and I have health problems

1           today at very young ages, things that doctors  
2           just don't usually see in younger people. One  
3           has rheumatoid arthritis, one's had  
4           endometriosis and fertility problems, one has  
5           skin cancer that they usually see in much older  
6           people. I've got a number of immune system  
7           disorder problems.

8           I want to also address -- earlier there was a  
9           comment made in the -- we listened to it pretty  
10          much all -- all day -- on using a common sense  
11          approach to this. And it only makes sense to  
12          me that if they know these -- these materials  
13          cause cancer and they know these people were  
14          exposed, that this dose reconstruction is  
15          unnecessary and you're spending lots and lots  
16          of taxpayer dollars on something that's  
17          erroneous. Because unless you have the  
18          dosimetry (sic) badges -- and I was told that  
19          at one time they would just drop them in  
20          buckets as they would leave the buildings and  
21          nobody knew which badge was whose and none of  
22          this was kept track of -- that you really  
23          cannot know. And I also believe now that the  
24          re-- the reconstruction, or any kind of -- of  
25          follow-up on this needs -- you need to look at

1           the maintenance issues. I just read an  
2           inspection from the Piketon plant that they  
3           admitted that they had flanges that were  
4           cracked, and they had no way of knowing how  
5           much radiation had escaped from these cracked  
6           flanges due to the fact that they were sealed  
7           with masking tape. Masking tape. I couldn't  
8           get past that sentence in the report. It just  
9           completely boggled my mind. And this was not  
10          in 1956 or 1966. This was in 1996. And they  
11          said that a more usual way of repairing this  
12          would have been two bolts instead of one and  
13          with a sealing material as opposed to this  
14          masking tape.

15         And I feel like this is an analogy for what's  
16         going on here. You know, this -- this masking  
17         of the problem, masking of the issues. Let's  
18         hide it, let's hide our head in the sand and  
19         not try to think about it. That's -- that's  
20         one issue that I think needs to be addressed.  
21         The other is, with these exposures no one knows  
22         how each individual person will -- will  
23         respond. Each person is unique and each  
24         person's exposures may cause different levels  
25         of immune response, therefore creating

1 different illnesses. Just as a physician --  
2 and we have a note from [Name Redacted] who  
3 believes that this dose reconstruction is  
4 useless, you cannot tell from a dose whether or  
5 not someone was injured any more than by  
6 knowing the dose of a medicine a patient had --  
7 you can decide whether or not the patient is  
8 cured. Dose reconstruction is just a way to  
9 confuse the issue and that -- she added that  
10 dose reconstruction is a waste of time since  
11 the lowest possible dose, namely one track of a  
12 -- one -- one nuclear event has the probability  
13 of causing cancer.

14 So you know, these are -- to me, if you're  
15 talking about common sense, you know, let's --  
16 there were 10,000 -- according to your  
17 reporter, the report that -- the woman from the  
18 DOE said that 10,782 claims had deni-- had been  
19 denied due to exposures probably less than 50  
20 percent. That to me is just not acceptable  
21 when there's no way to be certain of this and -  
22 - and you know these people are getting ill  
23 because of this cancer expo-- these toxic  
24 exposures.

25 So thank you for letting me express my opinion.

1           **DR. ZIEMER:** Okay. Thank you very much,  
2           Joanie. Are there any others on the line this  
3           evening that wish to speak?

4                               (No responses)

5           I need to check with Jason -- is Jason still  
6           here? We have a statement from Senator  
7           Schumer; did -- did you want to do that today  
8           or tomorrow.

9           **MR. BROEHM:** (Off microphone) (Unintelligible)

10          **DR. ZIEMER:** We'll do that tomorrow. Okay.  
11          That completes my list. Are there any others  
12          that wish to speak that didn't get the  
13          opportunity -- sir, please approach the mike,  
14          give us your name.

15                               (Pause)

16          **MR. MCDANIEL:** Dr. Ziemer, I'm Arthur McDaniel,  
17          and I spent 32 years at Hanford and I made a  
18          note to see everything I could see for past  
19          experiences and this sort of thing. And  
20          everything Charlie Shatell told you was the  
21          truth 'cause I used to follow him. But the  
22          thing of it is, I noticed from the time I  
23          started out there until now, or when I retired,  
24          that the radiation exposure, the instruments  
25          they have, were primitive compared to what they

1           have today. And in a sense of the word, it's a  
2           denial, because those people had the same --  
3           the -- they should have been -- had the same  
4           deal that the -- that they have today. They  
5           should have got not into that position to where  
6           those people were exposed -- overexposed, which  
7           a lot of them were.

8           And in the four years that we've been pursuing  
9           my father, which went to work there in '43 and  
10          he worked there 30 years and he died of cancer  
11          at 67. And the things that he used to tell my  
12          mother when he wouldn't come home for two or  
13          three days because he was all crapped up, that  
14          stuff was never really addressed the way it  
15          should have been.

16          And so we went through this whole system, paper  
17          after paper. There was four or five conference  
18          calls from back east with my brothers and  
19          sisters trying to explain what's going on down  
20          here and it just -- it never sunk home  
21          whatsoever. It just -- well, it was like  
22          talking to a barn door. You just didn't get  
23          anything out of it. They'd say well, you  
24          should do this or you should do that. Well,  
25          what we did is we finally went out in the

1 Archives of Time at the -- at the library out  
2 there where they have all these deals from  
3 Hanford that you can look up that's happened  
4 over the years.

5 And we knew that on the H reactor that they  
6 dumped a bunch of slugs out of the rear face  
7 onto the rear elevator, which crapped up  
8 everything. And my dad was involved with that.  
9 And so when we turned that in, DOE said no,  
10 that didn't ever happen. That just didn't ever  
11 happen. Well, then it -- and we had the proof  
12 that it did out of the Archives of Time, and we  
13 submitted that and it was -- of no avail. It  
14 just like -- it was like talking to nothing.  
15 They did-- well, so what? So it happened, so  
16 what? Well, that's where people got into  
17 trouble out there under those circumstances.  
18 And that's the reason in the 32 years out there  
19 I tried to follow everything and to look at  
20 everything I could look at so when something  
21 come up I could explain it or I been there or  
22 done it.

23 Thanks, Dr. Ziemer.

24 **DR. ZIEMER:** Thank you very much. Are there  
25 any others that wish to address the assembly

1           tonight?

2                               (No responses)

3           Dan, do we have you on for tomorrow, Dan  
4           McKeel? Thank you.

5           **UNIDENTIFIED:** (From the audience and off  
6           microphone) (Unintelligible) meeting tomorrow?

7           **DR. ZIEMER:** Tomorrow we're at 7:30. It's an  
8           evening sess--

9           **UNIDENTIFIED:** (From the audience and off  
10          microphone) (Unintelligible)

11          **UNIDENTIFIED:** Can we get a copy of the final  
12          report?

13          **UNIDENTIFIED:** Yes.

14          **DR. ZIEMER:** Yes. Is someone on the -- oh, was  
15          there another hand over here? Please approach  
16          the mike, and was somebody on the phone asking  
17          --

18          **UNIDENTIFIED:** Yes, I asked if we could get a  
19          copy of the report.

20          **DR. ZIEMER:** Which --

21          **UNIDENTIFIED:** Or the testimony of today.

22          **DR. ZIEMER:** Everything is being recorded by  
23          the court reporter. Once that's transcribed it  
24          will be on the web site.

25          **UNIDENTIFIED:** Will that include the letter

1           that was read earlier by the --

2           **DR. ZIEMER:**   Yes.

3           **UNIDENTIFIED:**   -- Congressman?

4           **DR. ZIEMER:**   Yes, it will.

5           **UNIDENTIFIED:**   Thank you.

6           **DR. ZIEMER:**   Uh-huh.

7           **UNIDENTIFIED:**   Thank you.

8           **DR. ZIEMER:**   It'll be verbatim.

9           **UNIDENTIFIED:**   The one thing I forgot to say a  
10          while ago was --

11          **DR. ZIEMER:**   Who is this?   Who's speaking?

12          **MS. COLLEY:**   Vina Colley.

13          **DR. ZIEMER:**   Okay.

14          **MS. COLLEY:**   We're sending the foxes to watch  
15          the henhouse, with the exception that it is not  
16          the hens we're discussing but the health and  
17          the lives of real working class people.

18          **DR. ZIEMER:**   Okay.   Thank you.   Yes, ma'am,  
19          give us your name, please.

20          **MS. ADKINS:**   Yes, I'm Linda Adkins, and my  
21          husband, pretty much from the time he graduated  
22          from college, he worked at -- in the nuclear.  
23          He worked at Grants, New Mexico where they --  
24          they were doing the yellow cake, he -- he  
25          worked at Argonne National Laboratory and he

1           worked at Hanford. And in 1992 he was working  
2           and they were doing radioactive isotopes and it  
3           was an experimental thing, or it -- in oth-- in  
4           other words, they were perfecting the  
5           encapsulation of these radioactive isotopes.  
6           And I think it was Westinghouse that was using  
7           Battelle's facility, and he was project  
8           engineer, and he didn't have a lot to -- you  
9           know, they worked kind of around the clock and  
10          he didn't have a lot of say-so as to procedure  
11          because it -- it was the -- there was one  
12          person there that didn't follow procedure and  
13          he didn't really have any jurisdiction over  
14          this person because he was a Battelle employee  
15          and he was with Westinghouse. I think that was  
16          in '92.

17          But anyway, during that time the -- he would  
18          come home and he would have his coveralls and -  
19          - and he went to work in a -- a white shirt and  
20          a tie, and he would come home with coveralls  
21          and he'd say well, that's because, you know, I  
22          had to be scrubbed, blah, blah, whatever. We  
23          got a letter from them that he was exposed and  
24          they said they did a chest -- and that he was  
25          exposed with americium-230. A few days later

1 we got a letter and we -- we were so upset  
2 because, you know, we -- he was an engineer and  
3 he understood that -- what that -- the  
4 ramifications of that would be.

5 So we got a letter shortly after that and it  
6 said that they did another reading later that  
7 day and that the reading was different. Well,  
8 we were so elated, we didn't read between the  
9 lines. Didn't say that he wasn't exposed, said  
10 the readings were different. We were just, you  
11 know, elated that he -- but anyway, four years  
12 later he was diagnosed with terminal cancer of  
13 the upper part of the stomach, you know. And  
14 it's just -- to me, this whole thing is a huge  
15 bureaucracy, lot of people -- the more people  
16 they can get to file a complaint, the -- they -  
17 - that's where their jobs are. That's where  
18 the money is. That's where they get to spend.  
19 And I don't think that their hearts are in any  
20 kind of compensation or anything else, and who  
21 wants to go through all that? They -- they  
22 sent me stacks of -- trying to get me to --  
23 right after he passed away. I got things from  
24 the University of Washington -- now the thing  
25 that concerns me, if I thought that it would

1 prevent another person from being exposed, then  
2 I would be involved. [Redacted] works out  
3 there today, and I just think that they were  
4 careless. You know, I think that they weren't  
5 that responsible and that honest, and I think  
6 that people should be able to go out and get  
7 their work history on anybody that they're  
8 concerned with, they should be able to go out  
9 there and get their work history and any  
10 incident that happened when they were in that  
11 locale. I think that people should be able to  
12 -- to -- to have access to that -- to those  
13 records. I don't know that they are, I haven't  
14 -- this is the first time I've -- I've -- you  
15 know, I've been to one of these, so anyway --

16 **DR. ZIEMER:** Thank you.

17 **MS. ADKINS:** That's it.

18 **DR. ZIEMER:** Thank you very much.

19 **MS. ADKINS:** And I appreciate your --

20 **DR. ZIEMER:** Okay.

21 **MS. ADKINS:** Thank you.

22 **DR. ZIEMER:** Thank you. We have -- we have  
23 another public comment session scheduled  
24 tomorrow. It's later in the day, for the  
25 benefit of those who -- whose schedules are

1           such that this earlier hour is not convenient,  
2           but certainly you're all welcome to join us  
3           then.

4           The Board will be meeting all day also  
5           tomorrow. There are copies of the agenda back  
6           there if you wish to look at the Board's  
7           schedule and see if there are issues that might  
8           be of interest to you. We -- we will be  
9           discussing a lot of different topics which --  
10          yeah, the main Hanford discussion will actually  
11          be on Thursday morning, but there are some  
12          other related things tomorrow, so -- welcome to  
13          come back. Our session tomorrow begins at  
14          9:45.

15          Thank you very much for coming, and goodnight.  
16          (Whereupon, the meeting concluded at 7:10 p.m)

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**CERTIFICATE OF COURT REPORTER****STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 17, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 20th day of Sept., 2007.

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**STEVEN RAY GREEN, CCR****CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**

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